



IHS/638 Quarterly Billing Forum

Second Quarter 2021

Provider Training Unit
May 12, 2021

IHS 638 Quarterly Billing Forum Agenda

- AHCCCS Quarterly Tribal Consultation Schedule
- Public Health Emergency (PHE) Updates
- Vaccine Memos and Guidance
- Referring, Ordering, Prescribing, Attending (ROPA) Updates
- American Indian Medical Homes (AIMH)
- Electronic Visit Verification (EVV) Updates
- Tribal ALTCS Web Page
- AHCCCS Provider Enrollment Portal (APEP) and Upcoming Trainings
- Claim Form Tips (Covering paper claim forms and how to ensure they are legible) / Paper Claim Submission Reminders
- Billing Resources on the AHCCCS Website



AHCCCS Quarterly Tribal Consultation Schedule

Presented by Alison Lovell, Education Manager

Upcoming Tribal Consultation Meetings

All meeting materials for AHCCCS Tribal Consultation meetings, including relevant slide decks and meeting recordings and/or summaries, are available on the [Tribal Consultation Meeting Materials webpage](#). Please check this website regularly for updated meeting materials.

- May 13, 2021 Topic: Quarterly Tribal Consultation
 - Click [HERE](#) to register 1 PM (MST)
- June 16, 2021 Topic: COVID-19 Update and Check-In
 - Click [HERE](#) to register 10 AM (MST)
- July 13, 2021 Topic: COVID-19 Update and Check-In
 - Click [HERE](#) to register 10 AM (MST)
- August 12, 2021 Topic: Quarterly Tribal Consultation
 - Click [HERE](#) to register 1 PM (MST)
- November 4, 2021 Topic: Quarterly Tribal Consultation
 - Click [HERE](#) to register 1 PM (MST)



Public Health Emergency (PHE) Updates

Presented by Alison Lovell, Education Manager

Post COVID-19 Operations

- AHCCCS will begin the transition back to in-office operations beginning in September of 2021.
- The IHS/638 Quarterly Billing Forum will remain virtual until 2022.
- AHCCCS will continue to follow all health and safety protocols as directed.
- DFSM will continue to communicate externally regarding updates.
- We encourage stakeholder input and involvement.

PHE Updates

To address Medicaid-related questions from providers about COVID-19, AHCCCS has developed a list of Frequently Asked Questions (FAQs).

- [COVID-19 FAQs](#)

As a result of flexibilities and changes made in response to the COVID-19 PHE, information presented in some FAQs will not align with various provisions set forth in the AHCCCS Medical Policy Manual (AMPM), the AHCCCS Contractor Operation Manual (ACOM) Policies; the AHCCCS billing requirements; and/or other AHCCCS directives. In these instances, the FAQs take precedence and are controlling.

Assistance with Scheduling Covid-19 Appointments

AHCCCS, in partnership with the Crisis Response Network, announced a new COVID-19 appointment and transportation navigation program for Medicaid members. Now, Medicaid members who need assistance scheduling a COVID-19 vaccine appointment, as well as transportation to and from that appointment, can call 1-844-542-8201, 8 a.m. to 5 p.m., seven days a week.

Trained navigators are available to help callers find and schedule vaccine appointments, and, if needed, also assist with scheduling non-emergency medical transportation.

- <https://www.azahcccs.gov/shared/News/PressRelease/VaccineNavigators.html>

COVID-19 and Billing Reminders

AHCCCS covers COVID-19 testing. Please refer to [AHCCCS Medical Coding Resources](#) for the most current COVID-19 medical coding information on COVID-19 testing.

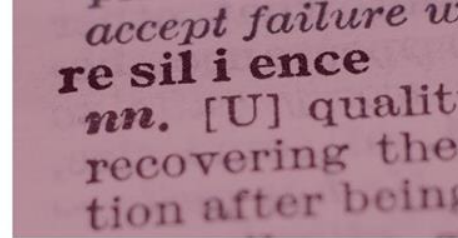
- **ICD-10 code for COVID-19:** U07.1, 2019-nCoV acute respiratory disease, effective in PMMIS for dates of service February 4, 2020 and thereafter.
- In addition the CDC released six new codes to better capture the disease progress of COVID-19. These new diagnosis codes are listed on the [AHCCCS Medical Coding Resources web page](#) and are effective in PMMIS for dates of service 1/1/2021 thereafter.

COVID Vaccination Sites & NEMT Wait Time

As part of Arizona's COVID-19 vaccine distribution strategy, state and county drive-through vaccine sites have been created as a mechanism to administer the vaccine to eligible populations.

To ensure that AHCCCS members, who cannot provide or arrange their own transportation, have access to these vaccine distribution sites AHCCCS is temporarily implementing modifications to the Non-Emergency Medical Transportation (NEMT) wait time billing rules and reimbursement through the end of the PHE.

Additional information, including billing guidelines and coding, can be found here: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#NEMT>



Vaccine Memos and Guidance

Flu and COVID-19

Presented by Alison Lovell, Education Manager

Vaccination Memos

AHCCCS has published guidance on the Flu and COVID-19 Vaccines for IHS/638 and Fee-for-Service providers.

These memos can be found on the DFSM Provider Training web page at the below links:

- [Flu Vaccine Memo](#)
- [Pharmacy AIR Reimbursement for the Flu Vaccine Administration](#)
- [UPDATED IHS/638 COVID-19 Vaccine Billing Guidelines \(3/31/2021\)](#)

COVID-19 Vaccine Billing Reminders for IHS/638 Clinics

IHS and 638 Facilities administering the COVID-19 vaccine as a clinic service may bill the current outpatient AIR in effect on the date of service for the administration of the vaccine on a UB-04 for Title XIX AHCCCS members.

The claim must include the NPI(s) of the ordering and rendering provider and the providers must be AHCCCS registered.

The facility may bill the AIR for the initial and second administration of the injection, so long as the memo requirements are met.

Retroactive billing will be allowed for the administration of the COVID-19 vaccinations as noted below:

- 12/14/2020 for the Pfizer vaccine
- 12/18/2020 for the Moderna vaccine
- 2/27/2021 for the Janssen vaccine

COVID-19 Vaccine Billing Reminders for KidsCare Members

For Fee-for-Service KidsCare members, the facilities are to bill AHCCCS for the administration fee(s) noted in the IHS/638 COVID-19 Vaccine Billing Guidelines Memo using the CMS 1500 Form or in the 837P format.

The facility may bill for the initial and second administration of the injection.

Retroactive billing will be allowed for the administration of the COVID-19 vaccinations as noted below:

- 12/14/2020 for the Pfizer vaccine
- 12/18/2020 for the Moderna vaccine
- 2/27/2021 for the Janssen vaccine



Referring, Ordering, Prescribing, Attending (ROPA) Information

Presented by Christopher Ray, Claims Operations
Administrator

ROPA

- Due to the COVID-19 Public Health Emergency, and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021.**
- After June 1, 2021, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.
- IHS/638 facilities should visit <https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html> to view a ROPA Excepted Providers List and review FAQ's .
- To be added to the excepted list, residents, interns and pharmacists must submit the following information to the EMAIL: ROPAXceptions@azahcccs.gov:
 - NPI,
 - Provider Name, and
 - Indication of whether the NPI is associated with a Resident, an Intern or a Pharmacists and the beginning date associated with this association.

Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.
- The initial lists with the needed data, were collected from IHS/638 pharmacies by Lisa Dewitt, and they were included in the ROPA Excepted Providers List. To update the list, pharmacists must submit the following information to the EMAIL: ROPASExceptions@azahcccs.gov:
 - o NPI;
 - o Provider Name; and
 - o Indication of whether the NPI is associated with a Resident, an Intern or a Pharmacist; and the beginning date associated with this association.



American Indian Medical Home

Presented by Arcelia Velazquez, Integrated Services Specialist

American Indian Medical Home

What is an American Indian Medical Home?

American Indian Medical Homes help address health disparities that exist between American Indians and other populations in Arizona by offering services and supports which improve access to critically needed care. Learn more about DFSM's efforts on the [AIMH web page](#).

What is an American Indian Medical Home

The American Indian Medical Home (AIMH) is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.

AIMHs help address health disparities between American Indians and Alaskan Natives in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.

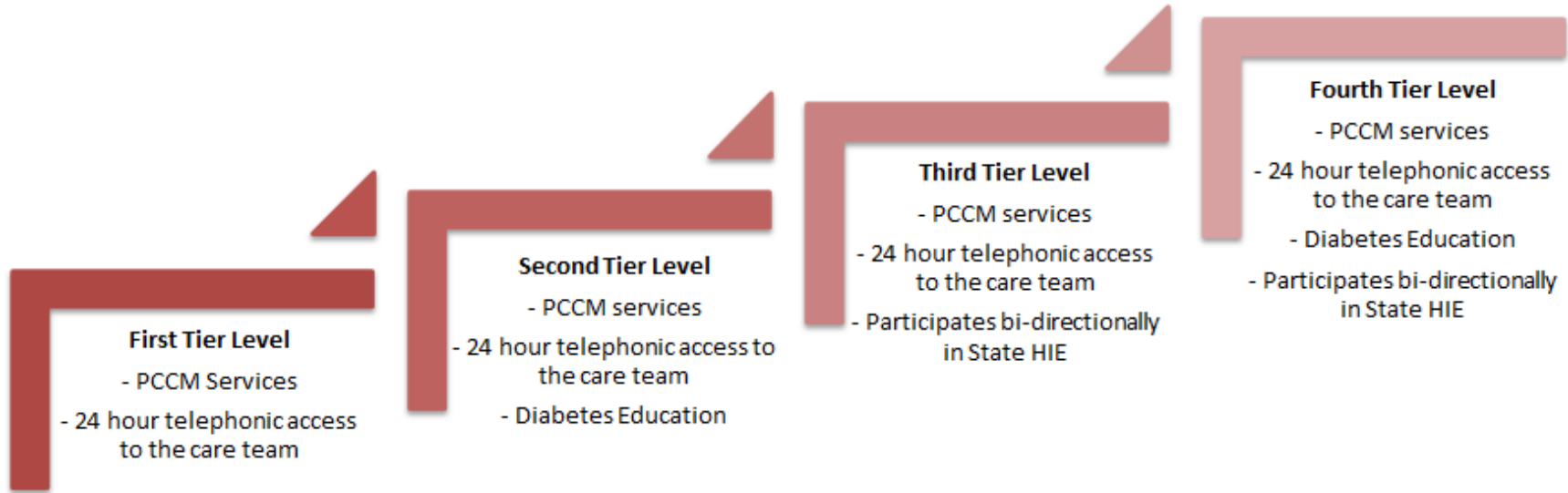
AIHM Medical Provider Types

Provider Type	Description
02	Hospital
05	Clinic (excluding Dental Providers)
29	Community / Rural Health Center
C2	Federally Qualified Health Clinic (FQHC)
C5	638 Federally Qualified Health Clinic (FQHC)
IC	Integrated Clinic

AIHM Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Medical Home (PCMH) accreditation
- Provide 24-hour telephonic access to the care team
- Dependent on selected Tier Level
 - Provide Diabetes education
 - Participate bi-directionally in the State Health Information Exchange (HIE)

AIMH Per Tier Levels



AIHM Reimbursement Rates 2021

AIMH 4.6% rate increase calculation – 10 year forecast

Calendar Year	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Level 1	13.26	13.87	14.51	15.18	15.87	16.60	17.37	18.17	19.00	19.88	20.79
Level 2	15.26	15.96	16.70	17.46	18.27	19.11	19.99	20.91	21.87	22.87	23.93
Level 3	20.76	21.71	22.71	23.76	24.85	25.99	27.19	28.44	29.75	31.12	32.55
Level 4	22.76	23.81	24.90	26.05	27.25	28.50	29.81	31.18	32.62	34.12	35.69

Active American Indian Medical Homes

Tier 1

**Fort Yuma Indian Health Center
(12 Members)**

Tier 2

**Phoenix Indian Med Center
(5,055 Members)
WhiteRiver Indian Hospital
(5,636 Members)**

Active American Indian Medical Homes

Tier 3

**Winslow Indian Medical Center
(3,488 Members)**

Tier 4

**Chinle Comprehensive Health Care
(13,275 Members)
San Carlos Apache Healthcare
(3,281 Members)
Tuba City Regional Hospital
(880 Members)**

- Approximately 25% of AIHP members are empaneled with an AIMH

AIHM Resources and General Information

IHS/638 providers can send questions to AIMH@azahcccs.gov

Review AIMH information at

<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

State Plan Amendment (SPA)

<https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>



Electronic Visit Verification (EVV)

Presented by Rachel Hunter, Tribal ALTCS Administrator

Electronic Visit Verification (EVV)

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health).

AHCCCS mandated compliance with EVV for personal care and home health services beginning January 1, 2021.

Claims and Grace Period

- **The claims and policy grace periods have been extended. The hard claim edits did not begin on April 1, 2021.**
- Extension of the Claims soft edit period
 - Providers can still receive reimbursement for services if there is no EVV visit to match to a claim or the EVV visit data is incomplete.
 - This extension does not mean that providers can wait to start EVV.
- At this time, AHCCCS is seeking further guidance from the Centers for Medicare and Medicaid Services (CMS) that will inform a decision on the new date the hard claim edits will begin. AHCCCS plans to coincide the timing of the beginning of the hard claim edits with policy compliance.

Current EVV Expectations

- Providers should use this period to:
 - Develop operational procedures,
 - Train administrative personnel,
 - Onboard members and caregivers, and
 - Self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins.
- Once the hard claim edits begin, providers will not get paid unless all the required EVV visit data is present. For more questions about billing, please reference the Billing FAQ on the [EVV webpage](#).

Current EVV Expectations Cont.

- Use the EVV grace period to have conversations with members and complete the forms required as allowable/required under the policy.
- The final forms, along with the complete EVV policy, are linked on the [EVV webpage \(www.azahcccs.gov/EVV\)](http://www.azahcccs.gov/EVV) including the following forms:
 - Designee Attestation
 - Contingency Plan
 - Paper Timesheet Attestation

Information for Sandata EVV System Users

- AHCCCS and Sandata are aware of system issues impacting some providers ability to fully onboard and operationalize EVV. Resolutions to the following issues are of the highest priority:
 - Members not loading into the agency accounts,
 - Inability to clear exceptions in visit maintenance,
 - Inability to customize and create user roles, and
 - Mobile app or device malfunctions (i.e., unable to clock out)
- It is not necessary to report these issues.
- For other technical issues or questions specific to the use of the ***Sandata EVV system***, please contact the Sandata Customer Care at AZCustomerCare@Sandata.com or 855-928-1140.

Information for Alternate EVV Users

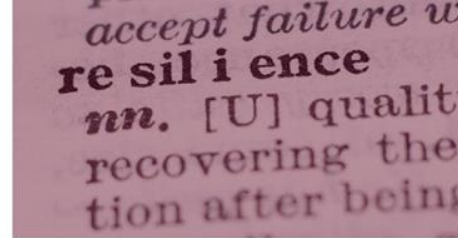
- AHCCCS will be releasing updated technical specifications that both remove and add requirements. Many of the changes are in response to stakeholder feedback generated during the past few months.
- AHCCCS will follow up the release of the updated requirements with a webinar in partnership with the Sandata technical team to answer questions related to both business and technical requirements.
- For technical issues or questions specific to the ***alternate system requirements***, please contact the Sandata Customer Support at AZAltEVV@sandata.com or 844-289-4246.

Technical Assistance, Guidance Documents and FAQs

- Please submit any requests for technical assistance on policy related questions to EVV@azahcccs.gov. These exchanges help AHCCCS prioritize communication topics and build our directory and timeline for the release of additional guidance documents and FAQs.
- Please note that the EVV webpage includes FAQs on telehealth, billing, scheduling, and devices.

EVV Resources

- Additional information on EVV can be found on AHCCCS' website at www.azahcccs.gov/evv including:
 - The most up to date information available,
 - Member and provider specific information,
 - Frequently Asked Questions (FAQs),
 - A list of all provider types and service codes subject to EVV, and
 - How to sign up for AHCCCS' Constant Contact email list to stay informed.



Tribal ALTCS Web Page

Presented by Rachel Hunter, Tribal ALTCS Administrator

Tribal ALTCS Web Page

AHCCCS has a Tribal ALTCS web page, which can be found at:

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopulations/longtermcarecasemanagement.html>

Information contained on the web page includes:

- An overview of the Tribal ALTCS health plan benefits;
- Member Handbook;
- A listing of Tribal ALTCS programs and contact information;
- Prior Authorization information;
- Tribal ALTCS Case Management Resources;
- Provider Enrollment Information; and
- Tribal ALTCS Notifications (sent out via Constant Contacts).



AHCCCS Provider Enrollment Portal

Presented by Alison Lovell, Education Manager

AHCCCS Provider Enrollment Portal (APEP)

Providers are reminded to use the AHCCCS Provider Enrollment Portal (APEP) for **all new applications** to become an AHCCCS-registered provider, and for **updates to current registrations**.

This online system allows providers to:

- Enroll as an AHCCCS provider,
- Update information (such as phone and addresses),
- Upload and/or update licenses and certifications,
- And much more!

AHCCCS Provider Enrollment Portal (APEP)

The Provider Enrollment Unit has established a [web page](#) with training materials for providers, regarding how to use APEP. Please visit [here](#) to view the videos and training materials available online.

- <https://www.azahcccs.gov/PlansProviders/APEP/APEPTraining/Videos.html>

If you have additional questions about APEP or how to update your registration that are not addressed in those materials, please contact the APEP team at:

- APEPTrainingQuestions@azahcccs.gov

A list of FAQs regarding APEP can be found on the AHCCCS website [here](#):

- <https://www.azahcccs.gov/PlansProviders/NewProviders/registration/APEP/faq.html>

AHCCCS Provider Enrollment Portal (APEP)

For APEP Assistance Call:

- In Maricopa County: 602-417-7670 and select option 5
- Outside Maricopa County: 1-800-794-6862
- Out-of-State: 1-800-523-0231

Call Center Hours: Monday through Friday from 8 a.m. - 5 p.m.

Email: ApeptrainingQuestions@azahcccs.gov

Upcoming APEP Training Sessions

In April 2021, the Division of Member and Provider Services began to conduct virtual APEP training sessions for providers that wanted additional training.

The training is voluntary and will directly respond to questions AHCCCS has received since the launch of APEP.

The APEP training courses will be scheduled by “Enrollment Type.” training instruction will include:

- Single -Sign-On process
- Domain Administrator functions
- Specific scenarios within the online application
- Submission of a modification once the re-registration process is complete

Upcoming APEP Training

More information regarding the APEP training schedule and registration for a virtual class is posted to the APEP website:

- <https://azahcccs.gov/PlansProviders/APEP/APEPTraining/TrainingOnlineRegistration.html>

Please visit the APEP Training Online Registration link to enroll:

- [APEP Training - Training Online Registration](#)
- To receive APEP updates, visit [Provider Enrollment E-News](#).
- [Subscribe to Provider Email List](#) for the latest news.
- Questions can be emailed to PRNotice@azahcccs.gov.



Paper Claim Submission Reminders

CMS 1500, UB-04, and the ADA 2012 Claim Form Tips
Presented by Jennifer Gillmore, Provider Training Officer

Claim Forms

There are three types of paper claim forms accepted by AHCCCS:

- The UB-04 Claim Form for Institutional Claims
- The CMS 1500 Claim Form for Professional
- The ADA 2012 Claim Form for Dental Claims

**UB-04 Claim
Form Example**



General Information

Claims for services must be submitted to AHCCCS Administration on the correct claim form for the type of service being billed.

- NOTE: The preferred method of claims submission remains the **HIPAA-compliant 837D transaction process**.
- If a provider is not set up to perform the 837D transaction process, then submission of a claim via the [AHCCCS Online Provider Portal](#) is the preferred method of claim submission.

For information on how to submit claims using the HIPAA-compliant 837D transaction process or via the AHCCCS Online Provider Portal please refer to Chapter 4, General Billing Rules, of the Fee-For-Service Provider Billing Manual and the appropriate implementation guides.

Basic Formatting for All Claim Form Types

To ensure the successful processing of a paper claim form:

- The printed information **must be aligned correctly** with the appropriate section/box on the form. If a claim is not aligned correctly, it may cause the OCR system to read the data incorrectly and the claim will reject.
- The preferred font for claims submission is **Lucinda Console** and the **preferred font size is 10**.
- Paper claims or copies that contain highlighter or color marks, copy overexposure marks, or dark edges are not legible on the imaging system.
- Liquid paper correction fluid ("White Out") may not be used. Correction tape may not be used.
- Original claim forms **must be used** for any paper claims submitted to AHCCCS.
 - NOTE: The OCR system **cannot read "copies"** that are made from the original claim form.

Stamps

To ensure the successful processing of a paper claim form:

- Claim forms with labels and stamps will not be accepted, as that is considered an alteration of the claim.
 - **NOTE:** The only exception to this is in regards to stamped provider signatures. Stamped provider signatures will be accepted only in certain fields as shown below:
 - CMS-1500 - Field 31
 - UB-04 - Field 53
 - ADA 2012 - Field 53

Multiple Pages

To ensure the successful processing of a paper claim form with **multiple pages:**

- Please do not submit double-sided, multiple page claims. Each claim page must be submitted on a separate piece of paper, with the pages numbered (e.g., 1 of 3, 2 of 3, 3 of 3, etc.).
 - To ensure that all pages of a multiple-page claim are processed as a single claim (when appropriate), the pages must be numbered.
- Keep all pages together, back-to-back. All pages should be paper-clipped or rubber-banded together. **Do not staple.**
- Totals should not be carried forward onto each page, and each page can be treated as a single page. **The total should be entered on the last page only.**

Multiple Pages Continued

- All service lines must be completed on the first page before proceeding to the second page of the claim. All lines on page 1 **must** be filled in, prior to proceeding to the second page of the claim form.
 - CMS 1500 - All lines (1-6) under field 24 (A-J)
 - UB-04 - All lines (1-22) under fields 42-48
 - ADA 2012 - All lines (1-10) under fields 24-31
- Please note that only the required fields on all lines will need to be filled in.

Resubmitting Paper Claims

AHCCCS retains a permanent electronic image of all paper claims submitted, in accordance with state retention record requirements, **requiring providers to file clear and legible claim forms.**

Claims for services must be legible and submitted on the correct claim form (UB-04, CMS 1500, or ADA 2012) for the type of service(s) billed.

Claims that are not legible or that are not submitted on the correct form will be returned to providers without being processed.

- If a claim is returned, you must resubmit the claim on the correct type of claim form, submit it within the required time frame (following timely filing guidelines) and ensure that it is legible.

Resubmitting Paper Claims

A resubmitted claim form cannot be a black and white copy of the previously submitted claim.

- For example, when using the CMS 1500 Claim Form, the resubmitted claim form must be submitted on a new, red claim form.

Documentation is required when resubmitting claims, even if the documentation was submitted with an earlier version of the claim and the claim number is referenced on the resubmitted claim. **Documentation must be resubmitted.**

- Each claim must stand on its own, as the system is unable to pull documentation from a previously submitted claim. Any documentation submitted with a claim is imaged and linked to the claim.

Resubmitting Paper Claims Continued

All paper claims should be mailed, with adequate postage to:

AHCCCS Claims

P.O. Box 1700

Phoenix, AZ 85002-1700

Resources for Paper Claim Submission

Chapter 4, General Billing Rules, of the IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap04GenBillRules.pdf>

Chapter 5, Claim Form Requirements, of the IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap05ClmFormRequire.pdf>

Claims Clues articles can be found on the AHCCCS website at:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html>



Training & Billing Resources on the AHCCCS Website

Presented by Jennifer Gillmore, Provider Training Officer

Billing Resources

The Medical Coding Resources web page can be found here:

- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

Medical Coding Resources

Medical Coding Resources are intended for use by AHCCCS MCO's and Providers.

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

COVID-19 Medical Coding and Billing Information Updated 4/21/2021

News and Updates Updated 4/26/2021

Reference Table Review and Update Requests

Behavioral Health Services Matrix Updated 1/22/2021

Reference Extracts Updated 4/16/2021

Coding Related Exhibits and Policy Reference

Dental Coding Updated 12/23/2020

FAQ'S

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and check the status claims or prior authorization requests through the AHCCCS Online Provider Portal.
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at: ProviderTrainingFFS@azahcccs.gov

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or email ISDCustomerSupport@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization (PA) questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link, on the AHCCCS Online Provider Portal.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Policy Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Questions?

Thank You.