

**Division of Fee-For-Service Mgmt**

**Prior Authorization Web Portal  
User Manual**



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# **Technical Assistance Document for Prior Authorization Web Portal**

## **Section 1: Introduction**



## **Overview:**

This manual provides technical guidance for submitting a prior authorization through the FEE-FOR-SERVICE Prior Authorization Web Portal.

## **Prior Authorization:**

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
- 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 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:**

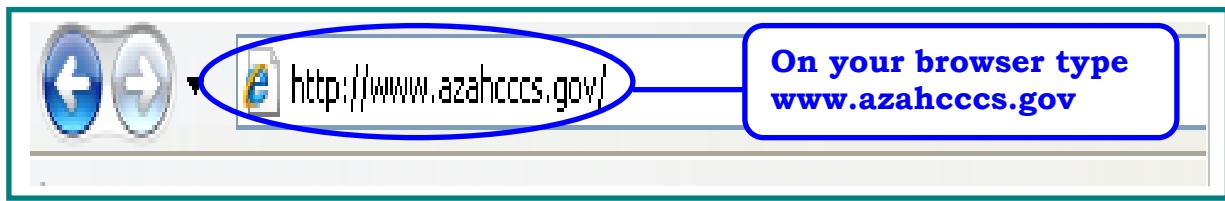
- You must contact the appropriate entity for authorization.\_
- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral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

# **Technical Assistance Document for Prior Authorization Web Portal**

## **Section 2:**

### **How to Sign On**





On your browser type  
**www.azahcccs.gov**



Click on the  
**Plans, Providers, Contractors**  
tab



Click on  
**Fee-For-Service Claim Submissions**

**\*\* ATTENTION \*\***

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You must 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.

To reduce response and processing time and costs, AHCCCS has archived member records that have had no activity since 12/31/2000. The message returned on inquiries on these records may be "AHCCCS ID IS INVALID" or "No Record Found".

**Sign In**

User Name:

Password:

**Click Login**

**Enter User Name Password**

Forgot your Password? [Click Here](#)

Note • User Names and Passwords are case-sensitive.

# **Technical Assistance Document for Prior Authorization Web Portal**

## **Section 3: Transportation**



Main Menu
Eligibility and Enrollment Status
Provider Information
Claim Status
Prior Authorization Inquiry
Newborn Notification
Provider Verification
Claim Submission
Prior Authorization Submission

⚠ For security purposes, your session will be logged out after 15 minutes of inactivity. ⚠

Claim Status allows providers to check the status of **Fee-For-Service** claims. If the recipient is enrolled in a capitated Health Plan, please contact the Health Plan for claim inquiries. For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Click on  
Prior Authorization Submission

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

FYI!

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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

Click on  
Prior  
Authorization  
Submission



You must do a Case search first before you can create a new Case

Search

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* (e.g. A12345678)

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Click on the down arrow and choose the search criteria you wish to search with. There are three choices, AHCCCS ID Case Number Provider

Search

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* (e.g. A12345678)

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Search

Search System:\* ACUTE

Search By:\* Case Number

Case Number:\*

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Search

Search System:\* ACUTE

Search By:\* Provider

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

In this example the search criteria “AHCCCS ID” is used

**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* ----SELECT----

Begin Date Of Service: 99999

End Date Of Service:

\* indicates a required field.

Search Clear

Type the members AHCCCS ID here

Click on the down arrow and select the provider ID you wish to use



**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* 999999

Begin Date Of Service:\* 05/01/2010

End Date Of Service:

\* indicates a required field.

Click the Search button

Search Clear

Enter the begin date of service

If the Case you are looking for comes up, go to page 12,

C-1

Case List						
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description
00054		01/01/2010	01/01/2010	PENDED	PRIOR AUTHORIZATION	TEST
<a href="#">Update</a>						
<a href="#">Add New Case</a>						

If no case is found click the “Add New Case” button to create a new Case

Case List						
No Records Found.						
<a href="#">Add New Case</a>						

### Add New Case

#### Enter Case Information

Enter the Members AHCCCS ID

AHCCCS ID:\* A99999999

Enter the Provider ID here by clicking the down arrow and selecting the ID you want

Provider ID:\* 

▼

Enter the Begin and End date here

Effective Begin Date:\* 01/01/2010

Effective End Date:\* 01/01/2010

Type a description here

Description:\* Test

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999 (999-999-9999)

Next

Clear

\* Indicates a required field.

Click the Next button

### Add New Case

#### Verify Case Information

AHCCCS ID:\*

Provider ID:\*

Effective Begin Date:\* 01/01/2010

Effective End Date:\* 01/01/2010

Description:\* Test

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

Then click the Submit button

Verify that the information is correct. To make change click on the 'Edit' button

### Add New Case

**Processing Request. Please wait.**

#### Verify Case Information

AHCCCS ID:\*

Provider ID:\*

Effective Begin Date:\* 01/01/2010

Effective End Date:\* 01/01/2010

Description:\* Test

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

You will get a message indicating your request is being processed

If successful you will get the message "Transaction Succeeded"

Case List						
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description
000543	.....	01/01/2010	01/01/2010	PENED	PRIOR AUTHORIZATION	TEST

Click on the Case No to get to the Event screen

Add New Case

C - 1

Click on the “Add New Event” button to add a new Event

Event List

No Records Found.

Add New Event

This screen will come up

### Enter Event Information

Case No:\*

000534183

Event Type:\*

DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID:\*

Provider Contact Name:\*

Contact Phone Number:\*

Requested Begin Date:\*

Requested End Date:\*

Admit Date:

Discharge Date:

Diagnosis Code:\*

Description:

Continue on next page

Next

Clear

\* Indicates a required field.

Click on the down arrow and select the Event type

Case No:\* 000534183

Event Type:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES ▼

Recipient AHCCCS ID:\* \_\_\_\_\_

Provider Contact Name:\* \_\_\_\_\_

Contact Phone Number:\* \_\_\_\_\_

Requested Begin Date:\* \_\_\_\_\_

Requested End Date:\* \_\_\_\_\_

Admit Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Diagnosis Code:\* \_\_\_\_\_

Description: \_\_\_\_\_

\* Indicates a required field.

Case No:\* 000534183

Event Type:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES ▼

Recipient AHCCCS ID:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES  
EXTENDED SERVICES  
INPATIENT  
MEDICAL  
OUTPATIENT  
OFF RESERVATION  
OTHER TRANSPORT

Provider Contact Name:\* \_\_\_\_\_

Contact Phone Number:\* \_\_\_\_\_

Requested Begin Date:\* \_\_\_\_\_

Requested End Date:\* \_\_\_\_\_

Admit Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Diagnosis Code:\* \_\_\_\_\_

Description: \_\_\_\_\_

\* Indicates a required field.

Enter Event Information

Case No:\* 000534183

Event Type:\* OTHER TRANSPORT ▼

Recipient AHCCCS ID:\* \_\_\_\_\_

Provider Contact Name:\* \_\_\_\_\_

Contact Phone Number:\* \_\_\_\_\_

Requested Begin Date:\* 10/01/2010

Requested End Date:\* 10/01/2010

Admit Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Diagnosis Code:\* 799 9

Description: Test Non - ER Transport PT 40

Click Next

\* Indicates a required field.

The system will Auto populate these fields

Enter the required information here

**Update Event**

**Verify Event Information**


Case No:\* 000543590  
 Event Type:\* OT(OTHER TRANSPORT)  
 Recipient AHCCCS ID:\*  
 Requested Begin Date:\* 01/01/2010  
 Requested End Date:\* 01/01/2010  
 Admit Date:  
 Discharge Date:  
 Diagnosis Code:\* 799.9  
 Description: TEST  
 Provider Contact Name:\* John Lennon  
 Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

**Verify the information and click the Submit button**

**If you need to make changes click the "Edit" button**

**Update Event**

 **Processing Request. Please wait...**

**Verify Event Information**

Case No:\* 000543590  
 Event Type:\* OT(OTHER TRANSPORT)  
 Recipient AHCCCS ID:\*  
 Requested Begin Date:\* 01/01/2010  
 Requested End Date:\* 01/01/2010  
 Admit Date:  
 Discharge Date:  
 Diagnosis Code:\* 799.9  
 Description: TEST  
 Provider Contact Name:\* John Lennon  
 Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

**You will get this message**

**Event List**

**Transaction Succeeded.**

Seq	Event Type	Begin Date	End Date	Admit Date	Status	Reason
<u>01</u>	OT	01/01/2010	01/01/2010		PENDED	PH009

**To add an Activity click on the Event Seq. number**

**If successful you will get this message**

Activity List

No Records Found.

Add New Activity

Click on the Add New Activity button



Add New Activity

Enter Activity Information

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* HCPCS

Activity Code:\*

Modifier:

Allowed Units:\*

Trip Count:\*

Trip From:\*

Trip To:\*

Note:

Next Clear

\* Indicates a required field.

Click on the down arrow and make your selection

HCPCS  
HCPCS  
NDC - PHARMACY  
REVENUE CODE  
SPECIAL RATE  
TIER  
HCPCS & REVENUE CODE



Enter the  
Base Code  
here

**Note:**

When you click on the next field ( i.e. Modifiers) the system will read the HCPCS code in the Activity Code field, if the code is not a mileage code, the system will drop off the From and To Fields



**Enter Activity Information**

Case No:*	000534183
Provider Contact Name:*	
Contact Phone Number:*	
Seq Number:*	02
Activity Type:*	HCPCS
Activity Code:*	A0120
Modifier:	TN
Allowed Units:*	
Trip Count:*	
Trip From:*	Site: * ----SELECT----
	Service: * ----SELECT----
Trip To:*	Site: * ----SELECT----
	Service: * ----SELECT----
Note:	
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

\* Indicates a required field.

**Add New Activity**

**Enter Activity Information**

Case No:*	000534183
Provider Contact Name:*	I
Contact Phone Number:*	
Seq Number:*	02
Activity Type:*	HCPCS
Activity Code:*	A0120
Modifier:	TN
Allowed Units:*	2.00
Note:	Test Non-ER Transportation PT 40
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

\* Indicates a required field.

Click Next

Enter the  
appropriate  
information

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

Note: Round Trip No ER Transportation PT 40

Submit
Edit

\* Indicates a required field.

Verify information and click the Submit button

If you need to make changes click on the edit button

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

Note: Round Trip No ER Transportation PT 40

\* Indicates a required field.

**Processing Request. Please wait...**

When you click on the "Submit" button you will get this message

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

Note: Round Trip No ER Transportation PT 40

\* Indicates a required field.

Transaction Succeeded.

If successful you will get this message

To add the mileage click on the 'Add New Activity' button

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason
01	HCPCS	A0120	TN	2.00	0.00	PENDE	PH009

Add New Activity

## Add New Activity

### Enter Activity Information

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* HCPCS

Activity Code:\* S0215

Modifier: TN

Allowed Units:\* 150.00

Trip Count:\* 2

Site: \*

CASA GRANDE

Trip From:\*

Service: \*

NURSING HOME

Site: \*

PHOENIX

Trip To:\*

Service: \*

DIALYSIS CLINIC

Note: Test Non ER Transportation PT 40

Next

Clear

\* Indicates a required field.

HCPCS

HCPCS

NDC - PHARMACY

REVENUE CODE

SPECIAL RATE

TIER

HCPCS & REVENUE CODE

Click on the  
down arrow  
and make  
selection

-----SELECT-----

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  
AMBULATORY SURGICAL CENTER  
MENTAL HEALTH CLINIC  
HOTELS  
HOSPITAL OUTPATIENT SURGERY  
-----SELECT-----

-----SELECT-----

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  
AMBULATORY SURGICAL CENTER  
MENTAL HEALTH CLINIC  
HOTELS  
HOSPITAL OUTPATIENT SURGERY  
-----SELECT-----

## Add New Activity

### Enter Activity Information

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* HCPCS

Activity Code:\* S0215

Modifier: TN

Allowed Units:\* 150.00

Trip Count:\* 2

Trip From:\*

Site:\* CASA GRANDE

Service:\* NURSING HOME

Trip To:\*

Site:\* PHOENIX

Service:\* DIALYSIS CLINIC

Note: Test Non ER Transportation PT 40

Verify all the  
information  
was entered

Click on  
the  
“Next”  
button

Next

Clear

\* Indicates a required field.

The system  
will auto  
populate  
these fields

Add New Activity

**Verify Activity Information**

**Case No:\*** 000534183

**Provider Contact Name:\***

**Contact Phone Number:\***

**Seq Number:\*** 02

**Activity Type:\*** H (HCPCS)

**Activity Code:\*** S0215

**Modifier:** TN

**Allowed Units:\*** 150.00

**Trip Count:\*** 2

**TripFrom:\*** CASA GRANDE / NURSING HOME

**TripTo:\*** PHOENIX / DIALYSIS CLINIC.

**Note:** Test Non ER Transportation PT 40

\* Indicates a required field.

Verify  
information

Click  
Submit

Submit

Edit

To make  
changes  
click Edit

Add New Activity

**Verify Activity Information**

**Case No:\*** 000534183

**Provider Contact Name:\***

**Contact Phone Number:\***

**Seq Number:\*** 02

**Activity Type:\*** H (HCPCS)

**Activity Code:\*** S0215

**Modifier:** TN

**Allowed Units:\*** 150.00

**Trip Count:\*** 2

**TripFrom:\*** CASA GRANDE / NURSING HOME

**TripTo:\*** PHOENIX / DIALYSIS CLINIC.

**Note:** Test Non ER Transportation PT 40

\* Indicates a required field.

You will get this  
message when  
you click on  
Submit

**Activity List**

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0120	TN	2.00	0.00	PENDED	PH009	8.0504	<a href="#" style="color: blue; text-decoration: underline;">Update</a>
02	HCPCS	S0215	TN	150.00	0.00	PENDED	PH009	1.6899	<a href="#" style="color: blue; text-decoration: underline;">Update</a>

Add New Activity

# **Technical Assistance Document for Prior Authorization Web Portal**

## **Section 4: Add a New Case**



Main Menu
Eligibility and Enrollment Status
Provider Information
Claim Status
Prior Authorization Inquiry
Newborn Notification
Provider Verification
Claim Submission
Prior Authorization Submission

Claim Status allows providers to check the status of **Fee-For-Service** claims. If the recipient is enrolled in a capitated Health Plan, please contact the Health Plan for information. If the recipient is enrolled in a Fee-For-Service Health Plan, please click on **Click on**

## Prior Authorization Submission

**Prior Authorization**

Prior Authorization Inquiry will be denied for denied Prior Authorization requests.

## FYI!

**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 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

- 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).

**Click the  
Prior  
Authorization  
Submission  
Button**

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You must do a Case search first before you can create a new Case

Search

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* Case Number (e.g. A12345678) Provider

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Click on the down arrow and choose the search criteria you wish to search with. There are three choices, AHCCCS ID Case Number Provider

Search

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* (e.g. A12345678)

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Search

Search System:\* ACUTE

Search By:\* Case Number

Case Number:\*

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear

Search

Search System:\* ACUTE

Search By:\* Provider

Service Provider ID:\*

Begin Date Of Service:

End Date Of Service:

\* indicates a required field.

Search Clear



In this example the search criteria “AHCCCS ID” is used

**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* ----SELECT----

Begin Date Of Service: 999999

End Date Of Service:

\* indicates a required field.

Search Clear

Type the members AHCCCS ID here

Click on the down arrow and select the provider ID you wish to use



**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* ----SELECT----

Begin Date Of Service: 05/01/2010

End Date Of Service:

\* indicates a required field.

Search Clear

Click the Search button

Enter the begin date of service

If the Case you are looking for comes up, go to page 27,

C1

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type
000543590		01/01/2010	01/01/2010	PENDED	PRIOR AUTHORIZATION

Add New Case

**Note:**  
If the case is already there you just need to create a new event

If no case is found click the "Add New Case" button to create a new Case

Case List

No Records Found.

Add New Case

Add New Case

Enter Case Information

Enter the Members AHCCCS ID

AHCCCS ID:\* A99999999

Provider ID:\* 072869

Enter the Provider ID here by clicking the down arrow and selecting the ID you want

Effective Begin Date:\* 01/01/2010

Effective End Date:\* 01/01/2010

Enter the Begin and End date here

Description:\* Test

Type a description here

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999 (999-999-9999)

Click the Next Button

Next Clear

\* Indicates a required field.

Add New Case

Verify Case Information

AHCCCS ID:\*

Provider ID:\*

Effective Begin Date: 01/01/2010

Effective End Date: 01/01/2010

Description: Test

Provider Contact Name: John Lennon

Contact Phone Number: 999-999-9999

Submit

Edit

\* Indicates a required field.

Then Click the Submit button

Verify that the information is correct. To make changes click on the "Edit "button

Add New Case

Processing Request. Please wait

Verify Case Information

AHCCCS ID:\*

Provider ID:\*

Effective Begin Date: 01/01/2010

Effective End Date: 01/01/2010

Description: Test

Provider Contact Name: John Lennon

Contact Phone Number: 999-999-9999

\* Indicates a required field.

You will get a message indicating your request is being processed

Case List

Transaction Succeeded

If successful you will get the message "Transaction Succeeded"

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000543590		01/01/2010	01/01/2010	PENED	PRIOR AUTHORIZATION	TEST	<a href="#">Update</a>

Click on the Case No. to get to the Event screen

Add New Case

C1

From p. 26

Click on the “Add New Event” button to add a new Event

Event List

No Records Found.

Add New Event

This screen will come up

### Enter Event Information

Case No:\*

000534183

Event Type:\*

DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID:\*

Provider Contact Name:\*

Contact Phone Number:\*

Requested Begin Date:\*

Requested End Date:\*

Admit Date:

Discharge Date:

Diagnosis Code:\*

Description:

Continue on next page

Next

Clear

\* Indicates a required field.

Click on the down arrow and select the Event type

Case No:\* 00

Event Type:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID:\*

Provider Contact Name:\*

Contact Phone Number:\*

Requested Begin Date:\*

Requested End Date:\*

Admit Date:

Discharge Date:

Diagnosis Code:\*

Description:

Next Clear

\* Indicates a required field.

Case No:\* 000534183

Event Type:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID:\* DURABLE MEDICAL EQUIPMENT/SUPPLIES  
EXTENDED SERVICES  
INPATIENT  
MEDICAL  
OUTPATIENT  
OFF RESERVATION  
OTHER TRANSPORT

Provider Contact Name:\*

Contact Phone Number:\*

Requested Begin Date:\*

Requested End Date:\*

Admit Date:

Discharge Date:

Diagnosis Code:\*

Description:

Next Clear

\* Indicates a required field.

Enter Event Information

Case No:\* 000534183

Event Type:\* OTHER TRANSPORT

Recipient AHCCCS ID:\*

Provider Contact Name:\*

Contact Phone Number:\*

Requested Begin Date:\* 10/01/2010

Requested End Date:\* 10/01/2010

Admit Date:

Discharge Date:

Diagnosis Code:\* 799 9

Description: Test Non - ER Transport PT 40

Click Next

Next Clear

\* Indicates a required field.

The system will auto populate these fields

Enter the required information here

**Update Event**

**Verify Event Information**

Case No:\* 000543590

Event Type:\* OT(OTHER TRANSPORT)

Recipient AHCCCS ID:\* /

Requested Begin Date:\* 01/01/2010

Requested End Date:\* 01/01/2010

Admit Date:

Discharge Date:

Diagnosis Code:\* 799.9

Description: TEST

Provider Contact Name:\* John Lennon


Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

**Verify the information and click the submit button**

**If you need to make changes click the "Edit" button**

**Update Event**

 **Processing Request. Please wait...**

**Verify Event Information**

Case No:\* 000543590

Event Type:\* OT(OTHER TRANSPORT)

Recipient AHCCCS ID:\*

Requested Begin Date:\* 01/01/2010

Requested End Date:\* 01/01/2010

Admit Date:

Discharge Date:

Diagnosis Code:\* 799.9

Description: TEST

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

**You will get this message**

**Event List**

**Transaction Succeeded.**

Seq	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	
<u>01</u>	OT	01/01/2010	01/01/2010		PENED	PH009	799.9	<a href="#">Update</a>

**If you need to add an Activity click on the Event Seq. number**

**If successful you will get this message**

Activity List

No Records Found.

Add New Activity

Click on the "Add New Activity" button

Add New Activity

Enter Activity Information

Case No:\*

000534198

Provider Contact Name:\*

Albert Escobeda

Contact Phone Number:\*

999-999-9999

Seq Number:\*

01

Activity Type:\*

HCPCS

Activity Code:\*

Modifier:

Allowed Units:\*

Note:

Next

Clear

\* Indicates a required field.

Click on the down arrow and make your selection

HCPCS

HCPCS

NDC - PHARMACY

REVENUE CODE

SPECIAL RATE

TIER

HCPCS & REVENUE CODE

Add New Activity

Enter Activity Information

Case No:\*

000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\*

02

Activity Type:\*

HCPCS

Activity Code:\*

A0120

Modifier:

TN

Allowed Units:\*

2.00

Note:

Test Non-ER Transportation PT 40

Next

Clear

\* Indicates a required field.

Click Next

Enter the appropriate information

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

**Note:** Round Trip No ER Transportation PT 40

Verify information and click the "Submit" button

Submit

Edit

If you need to make changes click on the "Edit" button

\* Indicates a required field.

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

**Note:** Round Trip No ER Transportation PT 40

\* Indicates a required field.

When you click on the "Submit" button you will get this message

Activity List

If you need to add another Activity click here

Add New Activity

If successful you will get this message

Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason
A0120	TN	2.00	0.00	PENDED	PH009

Transaction Succeeded.



# **Technical Assistance Document for Prior Authorization Web Portal**

## **Section 5:**

### **Add Event/Activity to a Pre- Existing Case**



## Main Menu

Eligibility and Enrollment Status

Provider Information

Claim Status

Prior Authorization Inquiry

Newborn Notification

Provider Verification

Claim Submission

Prior Authorization Submission

Claim Status allows providers to check the status of **Fee-For-Service** claims. If the recipient is enrolled in a capitated Health Plan, please contact the Health Plan contact information, please click on

Claim Submission allows providers to submit claims for processing. If the claim is being processed, please click on

Prior Authorization Inquiry allows providers to view and track their Pending Prior Authorization requests.

Click on

**Prior Authorization Submission**

▲For security purposes, your session will be logged out after 15 minutes of inactivity.▲

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

**FYI!**

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

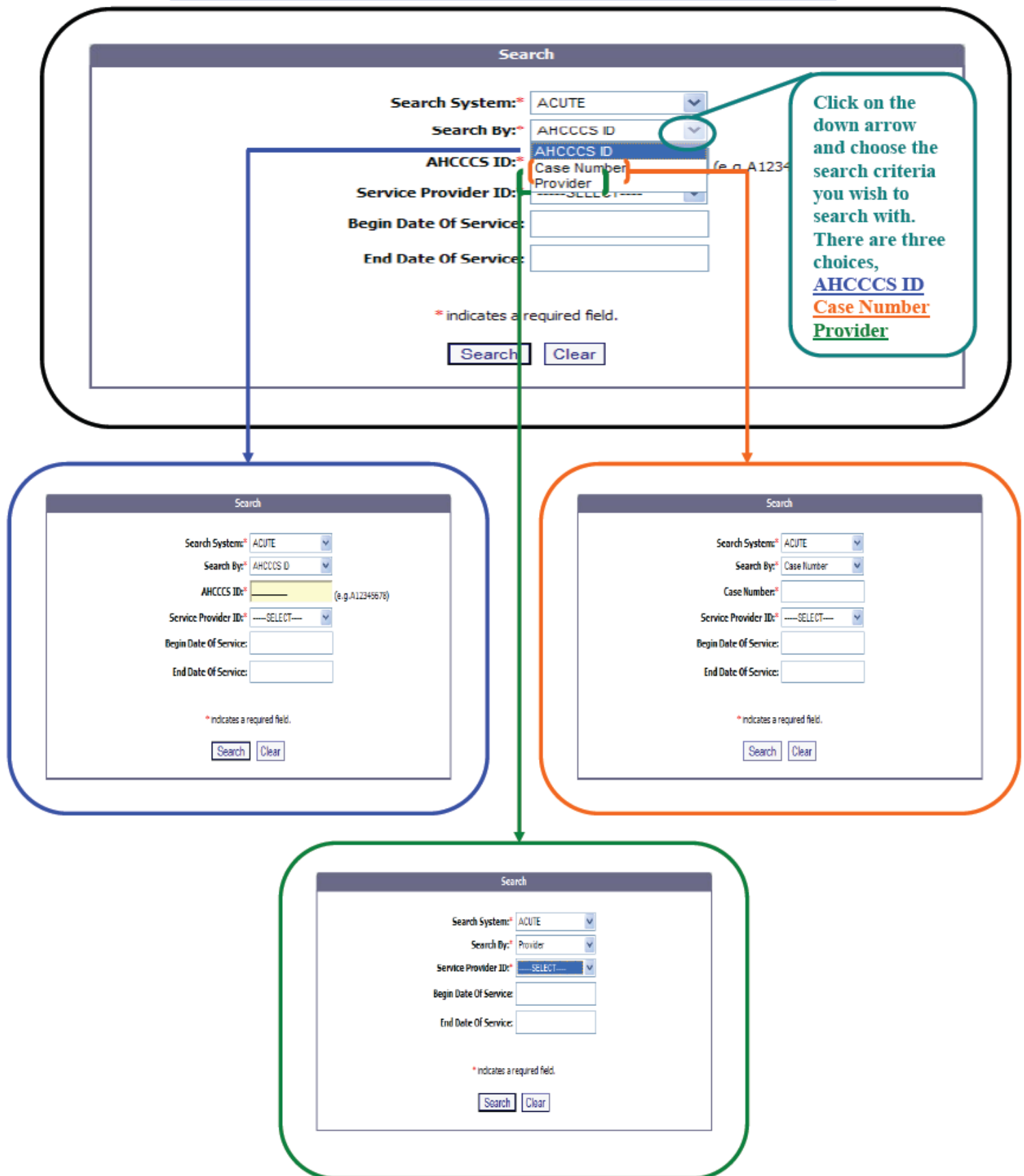
### Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- 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 PEM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Prior Authorization Submission

**Click the  
Prior  
Authorization  
Submission  
Button**

You must search for the Case number you want to add the Event/Activity to



In this example the search criteria “AHCCCS ID” is used

**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* -----SELECT-----

Begin Date Of Service: 999999

End Date Of Service:

\* indicates a required field.

Type the members AHCCCS ID here

Click on the down arrow and select the provider ID you wish to use



**Search**

Search System:\* ACUTE

Search By:\* AHCCCS ID

AHCCCS ID:\* A99999999 (e.g.A12345678)

Service Provider ID:\* -----SELECT-----

Begin Date Of Service: 05/01/2010

End Date Of Service:

\* indicates a required field.

Click the Search button

Enter the begin date of service

**Case List**

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000543590	A11150047	01/01/2010	01/01/2010	PENDED	PRIOR AUTHORIZATION	TEST	<a href="#">Update</a>

[Add New Case](#)

A list of Case numbers will come up. Click on the Case number you want.

Click on the “Add New Event” button to add a new Event

**Event List**

No Records Found.
-------------------

[Add New Event](#)



This screen will come up

### Enter Event Information

**Case No:\***

**Event Type:\***

**Recipient AHCCCS ID:\***

**Provider Contact Name:\***

**Contact Phone Number:\***

**Requested Begin Date:\***

**Requested End Date:\***

**Admit Date:**

**Discharge Date:**

**Diagnosis Code:\***  .

**Description:**

Continue on next page

[Next](#)

[Clear](#)

\* Indicates a required field.

Click on the down arrow and select the Event type

Case No: 00

Event Type: DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID: \*

Provider Contact Name: \*

Contact Phone Number: \*

Requested Begin Date: \*

Requested End Date: \*

Admit Date: \*

Discharge Date: \*

Diagnosis Code: \*

Description: \*

Next Clear

\* Indicates a required field.



Case No: 000534183

Event Type: DURABLE MEDICAL EQUIPMENT/SUPPLIES

Recipient AHCCCS ID: DURABLE MEDICAL EQUIPMENT/SUPPLIES

Provider Contact Name: INPATIENT

Contact Phone Number: MEDICAL

Requested Begin Date: OUTPATIENT

Requested End Date: OFF RESERVATION

Admit Date: OTHER TRANSPORT

Discharge Date: PHARMACY

Diagnosis Code: ACUTE PSYCHIATRIC INPATIENT

Description: PHYSICAL THERAPY

Next Clear

\* Indicates a required field.



Enter Event Information

Case No: 000534183

Event Type: OTHER TRANSPORT

Recipient AHCCCS ID: \*

Provider Contact Name: \*

Contact Phone Number: \*

Requested Begin Date: 10/01/2010

Requested End Date: 10/01/2010

Admit Date: \*

Discharge Date: \*

Diagnosis Code: 799 9

Description: Test Non - ER Transport PT 40

Click Next

Next Clear

\* Indicates a required field.

The system will auto populate these fields

Enter the required information here

**Update Event**

**Verify Event Information**

Case No:\* 000543590

Event Type:\* OT(OTHER TRANSPORT)

Recipient AHCCCS ID:\* .

Requested Begin Date:\* 01/01/2010

Requested End Date:\* 01/01/2010

Admit Date:

Discharge Date:

Diagnosis Code:\* 799.9

Description: TEST

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

Verify the information and click the submit button

If you need to make changes click the "Edit" button

**Update Event**

**Processing Request. Please wait...**

**Verify Event Information**

Case No:\* 000543590

Event Type:\* OT(OTHER TRANSPORT)

Recipient AHCCCS ID:\* .

Requested Begin Date:\* 01/01/2010

Requested End Date:\* 01/01/2010

Admit Date:

Discharge Date:

Diagnosis Code:\* 799.9

Description: TEST

Provider Contact Name:\* John Lennon

Contact Phone Number:\* 999-999-9999

\* Indicates a required field.

You will get this message

**Event List**

**Transaction Succeeded.**

Seq	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	
01	OT	01/01/2010	01/01/2010		PENDING	PH009	799.9	<a href="#">Update</a>

If successful you will get this message

If you need to add an Activity click on the Event Seq. number

Add New Event

Activity List

No Records Found.

Add New Activity

Click on the "Add New Activity" button

Add New Activity

Enter Activity Information

Case No:\*

000534198

Provider Contact Name:\*

Albert Escobeda

Contact Phone Number:\*

999-999-9999

Seq Number:\*

01

Activity Type:\*

HCPCS

Activity Code:\*

Modifier:

Allowed Units:\*

Note:

Next

Clear

\* Indicates a required field.

HCPCS

HCPCS

NDC - PHARMACY

REVENUE CODE

SPECIAL RATE

TIER

HCPCS & REVENUE CODE

Click on the down arrow and make your selection

Add New Activity

Enter Activity Information

Case No:\*

000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\*

02

Activity Type:\*

HCPCS

Activity Code:\*

A0120

Modifier:

TN

Allowed Units:\*

2.00

Note:

Test Non-ER Transportation PT 40

Next

Clear

\* Indicates a required field.

Click Next

Enter the appropriate information



Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

**Note:** Round Trip No ER Transportation PT 40

\* Indicates a required field.

Verify information and click the "Submit" button

If you need to make changes click on the "Edit" button

Add New Activity

**Verify Activity Information**

Case No:\* 000534183

Provider Contact Name:\*

Contact Phone Number:\*

Seq Number:\* 02

Activity Type:\* H (HCPCS)

Activity Code:\* A0120

Modifier: TN

Allowed Units:\* 2.00

**Note:** Round Trip No ER Transportation PT 40

\* Indicates a required field.

Processing Request. Please wait...

When you click on the "Submit" button you will get this message

Activity List

Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason
A0120	TN	2.00	0.00	PENDED	PH009

If you need to add another Activity click here

Transaction Succeeded.

If successful you will get this message