Prior Authorization (PA):
How to request, obtain and verify status

June 22, 2017
Gold Room
1:30pm – 3:00pm
Requesting

- Begin at the AHCCCS Website:
  - https://www.azahcccs.gov

Click on PLANS/PROVIDERS
Click on AHCCCS online

AHCCCS Online

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

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

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

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

Pharmacy

Targeted Investments

Guides - Manuals - Policies

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Log in to AHCCCS online

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account.
For questions, please contact our Customer Support Center at (562) 427-4451.

**ATTENTION - SHARING ACCOUNTS IS PROHIBITED! **

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

*** ATTENTION ***

Effective January 1, 2017, non-PHS/DMAT providers transporting PHIP members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization is required:
1. Must be submitted prior to the anticipated delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

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

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

AHCCCS Online User Manuals

Sign In

Username
Password
Sign In

Forgot your Password? Click Here

* Passwords are case-sensitive. If too many failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Health Plan or your provider to unlock your account or use the Password Recovery feature.

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

Enter username and password and click on the “Sign In” tab
Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

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

Services that require Prior Authorization:
- Tribal ALTCS Acute Inpatient Behavioral Health
- Durable Medical Equipment (DME) consumables > $100.00 and durable > $200.00 and all rentals
- Effective (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., PEG 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 MP/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Preventive 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 Medications (contact the contracted PBM)
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority)

- Select the “Prior Authorization Submission” tab on the menu (left hand side)
- Click on “Prior Authorization Submission”
Prior Authorization Search Screen

- Fill in all required information (marked with red asterisks *)
  - Note: If obtaining PA history, the service begin and end dates must be entered.

This site displays confidential information from the AHCCCS Administration. This information is intended solely for use by the intended recipient hereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited.
Case List Screen

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

<table>
<thead>
<tr>
<th>Service provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 007835</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>00000157</td>
</tr>
<tr>
<td>00000158</td>
</tr>
</tbody>
</table>

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

- Fill in all required information (marked with red asterisks *).
- Effective Begin Date: Enter the date you want the case to begin.
- Effective End Date: Automatically defaults to end of year from begin date.
- Description: Enter a description of service types provided (Ex. Transportation).
- Click “Next”.

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Case List Screen

- The phrase “Transaction Succeeded” will appear in red indicating that a new case list for this member was completed.
- Each case list will be assigned a case number
- Select the “Case No” of the PA request that you added

Transaction Succeeded.

<table>
<thead>
<tr>
<th>Case No</th>
<th>AHCCCS ID</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Case Status</th>
<th>Case Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000157</td>
<td>A98734947</td>
<td>01/01/2017</td>
<td>12/31/2017</td>
<td>PENDED</td>
<td>PRIOR AUTHORIZATION</td>
<td>NON-EMERGENCY TRANSPORTATION</td>
</tr>
<tr>
<td>000000158</td>
<td>A98734947</td>
<td>01/01/2016</td>
<td>12/31/2016</td>
<td>PENDED</td>
<td>PRIOR AUTHORIZATION</td>
<td>NON-EMERGENCY TRANSPORTATION</td>
</tr>
</tbody>
</table>

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

- Click “Add New Event”
- Now you will be entering information about the event that you are requesting PA for.

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Add New Event Screen

Choose from the list of Event Types

* Indicates a required field.
Case No – defaults to the newly created Case entered or selected Case

Recipient AHCCCS ID, Provider Contact Name, Contact Phone Number – Defaults to the information that is associated to the members AHCCCS ID, providers NPI/PI information

Requested begin date – Enter the dates of service
  - Transportation PA request, enter the scheduled date of trip

Requested end date – enter end of service date

Diagnosis code – enter diagnosis code (Ex: R68.89)
  *Note: Separate the numbers according to the fields provided, no decimal required

Click “Next”
• The phrase “Transaction Succeeded” will appear in red indicating that a new event list for this member was completed.
• Lists of entered events will appear under the event list and is assigned a number which is placed in “sequence” order.
• Click on “attachments” to submit attachments if needed.
• Select from the “Request Types” available
• Click “Browse” to find your document on your computer
• Click the “Upload Attachment” tab
Event List

- Click on the “Sequence” number assigned to the event you entered.
  *Note: There may be more than one event but to complete the current PA request, select the Event you recently created.*

- This will take you to the “Activity List Screen”

Activity List

<table>
<thead>
<tr>
<th>Line No</th>
<th>Activity Type</th>
<th>Activity Code</th>
<th>HCPCS</th>
<th>Allowed Units</th>
<th>Used Units</th>
<th>Status</th>
<th>Reason</th>
<th>Unit Price</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>HCPCS</td>
<td>A3120</td>
<td>2,900</td>
<td>0.000</td>
<td>PENDED</td>
<td>PH009</td>
<td>0.6400</td>
<td>Update</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>HCPCS</td>
<td>A3210</td>
<td>2,900</td>
<td>0.000</td>
<td>PENDED</td>
<td>PH009</td>
<td>0.0000</td>
<td>Update</td>
<td></td>
</tr>
</tbody>
</table>

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Add New Activity

- Click on “Add New Activity”
- Case Number: Defaults
- Provider name and number: Defaults
- Sequence Number: Defaults
Enter Activity Information

- Select an Activity type from the drop down
- Activity Code: Enter Activity Code
- Modifier Field: Enter a Modifier if it pertains to your request.
- Allowed Units: Enter Units
- Note Field: Enter detailed information for PA request

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

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

• Line number will appear under the Activity List

• If you want to add additional activities to the same Event, you can add multiple activities by clicking Add New Activity

PRIOR AUTHORIZATION REQUEST IS COMPLETE!
Submission

PA requests can also be submitted by fax but the preferred method of all PA request submission is via the online PA Portal. All mandatory fields on the form(s) must be completed accurately when submitting the request via fax:

• **The Fee-For-Service Authorization Request Forms** can be found at: [https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html](https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html)

• **Fee-for-service Authorization Request Form-to is** be completed by a registered provider to request for an authorization. Complete the form and use the form as a fax cover sheet, include supporting documentation, if needed.

• **Fee-for-service Prior Authorization Medical Documentation Form** - used to submit additional documentation that has not been previously submitted and is requested to substantiate medical necessity.

• **Prior Authorization Correction Form** – used to request changes to an existing Prior Authorization. Any additional medical documentation for this request should be submitted with this request.

*All faxed information must be accompanied by the appropriate FFS form. The FFS form must be used as the coversheet.*
FFS Authorization Fax Numbers

• Prior Authorization Fax: 602-256-6591
• Transportation Fax: 602-254-2431
• Utilization Review Fax: 602-254-2304
• Long Term Care Fax: 602-254-2426
Verifying Status

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

### Prior Authorization Search

- **Search System:**
  - ACUTE

- **Service Provider ID:**
  - 007835

- **Recipient AHCCCS ID:**
  - A09734947

- **Case Number:**
  - 

- **Begin Date of Service:**
  - 03/21/2017

- **End Date of Service:**
  - 12/31/2017

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

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

- Enter all required fields marked with a red asterisk *
- Click “Search”
  - *Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.*
PA Search

Prior Authorization: PA Search

Prior Authorization Search

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

* indicates required fields

Search System: ACUTE
Service Provider ID: 007835
Recipient AHCCCS ID: A88734947
Case Number:
Begin Date of Service: 01/01/2016
End Date of Service: 09/21/2017

Search
Clear

Case List

Total cases found: 2

<table>
<thead>
<tr>
<th>Case NO</th>
<th>Recipient ID</th>
<th>Provider ID</th>
<th>Case Type</th>
<th>Case Status</th>
<th>Begin Date</th>
<th>End Date</th>
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<tr>
<td>000000158</td>
<td>A88734947</td>
<td>007835</td>
<td>PRIOR AUTHORIZATION</td>
<td>P-PENDED</td>
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</tr>
</tbody>
</table>

- After clicking search, you will see a list of PA’s.
- Each PA will have an assigned Case No.
  - Click on Case No to see the complete PA request
After clicking on “Case No” you will see a list of sequence numbers
Click on “Seq No” to see the “Activity List”
Prior Authorization Timelines

Authorizations should be submitted in advance to allow time for processing:

- Standard Prior Authorizations requests can take up to 14 days
- Expedited Prior Authorizations requests can take up to 3 days
D. A health care services plan may require as a condition of coverage prior authorization for health care services arising after the initial medical screening examination and immediately necessary stabilizing treatment. Prior authorization is granted unless denied or direction of the enrollee's care is initiated by the plan within a reasonable period of time after the plan receives the prior authorization request. If direction of care instructions are received from the plan after more than a reasonable period of time has elapsed, the treating provider or providers shall comply with the late instructions to the extent feasible, except that a health care services plan remains responsible for coverage of medically necessary care given and substantially completed before the late instructions were received.

E. A health care services plan that requires prior authorization under subsection C shall provide twenty-four hour access by telephone or facsimile for enrollees and providers to request prior authorization for medically necessary care after the initial medical screening examination and any immediately necessary stabilizing treatment. Plan personnel shall have access to a physician when necessary to make determinations regarding prior authorization.

F. A health care services plan that gives prior authorization for specific care by a provider shall not rescind or modify the authorization after the provider renders the authorized care in good faith and pursuant to the authorization.

G. A hospital emergency department shall make reasonable efforts to promptly contact the health care services plan for prior authorization for continuing treatment, specialty consultations, transfer arrangements or other appropriate care for an enrollee. A health care services plan shall not deny coverage for emergency services provided to the plan's enrollee due to a provider's failure to obtain prior authorization from the plan if the provider could not determine the patient's enrollment in a particular plan due to the patient's physical condition, or if the patient's enrollment information was not available from the plan at the time of the provider's contact.

H. If the health care services plan and the provider disagree on the medical necessity of specific emergency services for an enrollee, except for emergency services provided outside the geographic service area of the plan, medical personnel representing the plan shall make necessary arrangements to assume the care of the enrollee within a reasonable period of time after the disagreement arises. If the health care services plan fails to assume the care of the enrollee as provided by this subsection, the plan shall not deny coverage for medically necessary emergency services provided to the enrollee due to lack of prior authorization.

I. If within a reasonable period of time after receiving a request from a hospital emergency department for a specialty consultation a health care services plan fails to identify an appropriate specialist who is available and willing to assume the care of the enrollee, the emergency department may arrange for medically necessary emergency services by any appropriate specialist, and the plan shall not deny coverage for these services due to lack of prior authorization. A health care services plan shall not require prior authorization for specialty care emergency services for treatment of any immediately life threatening medical condition.
Please submit your questions regarding this training to:

ProviderTrainingFFS@azahcccs.gov

Subscribe to receive notifications from DFSM at:

https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html
Thank You.

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