Online Claims Submission: Dental Claim ADA Type

March 8, 2018
Start at the AHCCCS Website

https://www.azahcccs.gov/

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From the toolbar at the top of the page, click Plans/Providers. Once the drop down appears, click on AHCCCS Online.
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 (602) 417-4451.

**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 IHS/638 NEMT providers transporting TRBA 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 requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

AHCCCS Online User Manuals

Sign In

Username

Password

Click “Sign In”

Forgot your Password? Click Here

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.
Main Page

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

AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.

CLAIM STATUS
Claim Status allows providers to check the status of Fee-For-Service claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan will be contacted.
For a listing of the Health Plan contact information, please click on Health Plan Listing.

CLAIM SUBMISSION
Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM on Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim number using the AHCCCS online services.

MEMBER VERIFICATION
Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers can also obtain Medicaid coverage information for a recipient.

NEWBORN NOTIFICATION
Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available. Status of these submitted newborns will be updated within 48 business hours.

PROVIDER VERIFICATION
Provider Verification allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Signatures.
For further information, please click on AHCCCS Provider Registration.

PROVIDER RE-ENROLLMENT/REVALIDATION
Provider Re-Enrollment/Revalidation allows providers to submit their re-enrollment information electronically. Providers who were registered with AHCCCS prior to the re-enrollment notice being mailed out, the documents will be processed as soon as possible. The forms will be processed as soon as possible. For further information, please click on AHCCCS Provider Re-Enrollment.

PRIOR AUTHORIZATION INQUIRY

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Claim Submission Screen

- Under “enter new claim”, click on the drop down and select Dental
- Click “Go”
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Submitter Screen

Dental Claim Submission

<table>
<thead>
<tr>
<th>Submitter</th>
<th>Providers</th>
<th>Patient/Subscriber</th>
<th>Other Payer</th>
<th>Attachments</th>
<th>Tooth Status</th>
<th>Claim Information</th>
<th>Service Lines</th>
</tr>
</thead>
</table>

Submitter

- Organization Name: NEMT TEST
- Electronic Transmitter ID Number: 99222
- Information Contact Name: Test
- Information Contact Telephone Number: 602-555-5555

Verify that the information is correct

Next click on the “providers” tab
This is where you will enter the provider or group billing information

Enter the biller or the group tax ID here

If you do not have a valid NPI # Enter your 6 digit AHCCCS provider ID here, and leave the NPI field blank

If you have a valid NPI you must enter it here and leave the provider commercial field # blank

When done entering all the required fields, click the “find” button

Click person (if the ID number comes up as a person’s name or Non-person (if the ID comes up with a company’s name)

Do not click submit
Billing Provider Screen

Dental Claim Submission

Submitter | Providers | Patient/Subscriber | Other Payer | Attachments | Tooth Status | Claim Information | Service Lines

Billing Provider | Rendering Provider | Referring Provider | Service Facility

Billing Provider

* Tax ID: 123456789  ○ SSN  ○ EIN

Provider Commercial Number: 0079335

* CNHS National Provider ID (NPI): [Field]

* Entity Type: [ ] Person  [ ] Non-Person Entity

** Health Care Provider Taxonomy Code:

Provider Name: [Field]

Information Contact Name:
Information Contact Telephone Number: 6024177000

Service Locator Code/Address: [Field]

Pay-To Locator Code/Address: [Field]

** Required ONLY when Billing and Rendering provider are the same.

Next click on the rendering tab

Your provider information should populate here
If you do not have a valid NPI #
Enter your 6 digit AHCCCS provider ID here, and leave the NPI field blank

If you have a valid NPI # you must enter it here and leave the Provider Commercial field # blank

Click person (if the ID number comes up as a person’s name or Non-person (if the ID comes up with a company’s name)

Next click on the Patient/Subscriber tab

When done entering all the required fields, click the “find” button
The Patient/subscriber screen will come up, this is where you will enter the member’s AHCCCS information.
Enter the members AHCCCS ID and date of birth (MM/DD/YYYY)

Click on the down arrow and make your Payer Responsibility selection

When done entering all the required fields, click the “find” button
The members information will populate under person name, gender, residential address.
If you want to send an attachment click the “attachments” tab.

For the purpose of this training, we will be sending an attachment.

If no attachments, click “tooth status” tab next.
Claim Attachments Screen

- **Report Type** – Click the drop down and select type of attachment
- **Report Transmission** – Click the drop down and select EL – Electronically Only
- **Control Number** – Enter the **PWK number**. We recommend you use the members AHCCCS ID followed by the Date of Service, making sure the “A” in the AHCCCS ID is capitalized

The image shows a section of a form with columns for Report Type, Report Transmission, and Control Number. The form is designed to manage attachments.
**PWK?** The PWK is a number that you will create for each document you want to submit. This number will allow the system to link the attachment to the appropriate claim. Ensure there are no spaces and you use a capital letter.

<table>
<thead>
<tr>
<th><strong>Example of a PWK number using a member’s AHCCCS ID and the Date of Service</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID (9 – character AHCCCS ID)</td>
</tr>
<tr>
<td><strong>Note:</strong> The A in AHCCCS ID must be a capital letter</td>
</tr>
<tr>
<td>Date of Service</td>
</tr>
<tr>
<td>PWK for Claim 1, Document 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Different AHCCCS ID member with the same date of services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID (9 – character AHCCCS ID)</td>
</tr>
<tr>
<td><strong>Note:</strong> The A in AHCCCS ID must be a capital letter</td>
</tr>
<tr>
<td>Date of Service</td>
</tr>
<tr>
<td>PWK for Claim 2, Document 2</td>
</tr>
</tbody>
</table>

The combination of the member’s AHCCCS ID and the Date of service is what makes the PWK number unique to each claim.
## Tooth Status

![Dental Claim Submission Form](image)

**Tooth Status Table**

<table>
<thead>
<tr>
<th>Tooth No.</th>
<th>Tooth Number/Status **</th>
<th>E - To be Extracted</th>
<th>Tooth Number/Status **</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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</table>

**Notes:**
- Indicated with an asterisk (*) indicates a required field.
- **Tooth Number and Status are both required if one or the other is entered.**

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Claim Information Screen

Enter the patients account number. If your office doesn’t use one you can enter their AHCCCS ID, their name, etc..

Benefit Assignments; Mark yes if member has indicated that payment should go directly to the provider.

Release of Information Consent; a signed statement by the patient authorizing the release of medical data to other organizations.

Provider Signature on File

Provider Accepts Assignments; Click yes if you are accepting payment from AHCCCS

When done entering the claim information data, click on the Service Lines tab
Service Line Screen

Enter the diagnosis without the decimal here

Note: Effective 10/1/15, you must select ICD-10

Enter the following:
- Service Date
- Fee
- ADA Procedure Code

TPL payer information is entered here.

Click on the dropdown and select the place of service

When done, click the ADD button this will clear the screen and allow you to enter a new service line if applicable, the first service line you added will appear at the bottom of the screen.
Service Lines Add and Updates

The service line will allow you to continue to “ADD” more lines, unless you click edit or remove buttons.

<table>
<thead>
<tr>
<th>Line Service No.</th>
<th>Date</th>
<th>ADA Proc Code</th>
<th>Mod</th>
<th>Mod</th>
<th>Mod</th>
<th>Mod</th>
<th>Mod</th>
<th>Tooth Surface Surface Surface Surface Surface Surface Surface Surface Surface Surface</th>
</tr>
</thead>
<tbody>
<tr>
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<td>01/01/18</td>
<td>D0150</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

Totals: $65.00 $0.00 $0.00 $0.00 $0.00

Once you’ve entered all services lines (edited or removed), you will have the option to update the changes.
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Once you’ve completed entering all the relevant claim(s) information, click “Submit”
Claim Entry Confirmation Screen

You will receive a message that it was successful

You can go to the 275 portal to upload your document by clicking on the attachment link

Here you will have two choices: View Claims or Enter New Claims

Clicking on View Claim will give you a summary of the information that will be sent over to AHCCCS and will allow you to edit the claim if needed.

Clicking on Enter New Claims allows you to enter a new claim.
Please send your questions regarding this training to:

ProviderTrainingFFS@azahcccs.gov
Thank you!

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