Online Claims Submission: Professional Claim Type

February 8, 2018
Start at the AHCCCS Website

https://www.azahcccs.gov/

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

Reaching across Arizona to provide comprehensive quality health care for those in need
Click on “Claim Submission”
Claim Submission Screen

- Under “enter new claim”, click on the drop down and select **Professional**
- Click “Go”
Verifying the information entered.

**Submitter Screen**

Professional Claim Submission

<table>
<thead>
<tr>
<th>Submitter</th>
<th>Providers</th>
<th>Patient/Subscriber</th>
<th>Ambulance</th>
<th>Other Payer</th>
<th>Attachments</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: Escobedo, Albert
- Information Contact Telephone Number: 602-417-4562

Next click on the “providers” tab

Verify that the information is correct
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.
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

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)
After clicking the "Find" button, the rendering provider’s name will appear.

Next click on the Patient/Subscriber tab.
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
If you want to send an attachment click the “attachments” tab

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

**Table: Claim Attachments**

<table>
<thead>
<tr>
<th>Report Type **</th>
<th>Report Transmission **</th>
<th>Control Number **</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4 - Referral Form</td>
<td>EL - Electronically Only</td>
<td>A08734947083117</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Required ONLY if Attachment Information is submitted.**
**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.

### Example of a PWK number using a member’s AHCCCS ID and the Date of Service

<table>
<thead>
<tr>
<th>AHCCCS ID (9 – character AHCCCS ID)</th>
<th>PWK for Claim 1, Document 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A12345678</td>
<td>A12345678080515</td>
</tr>
</tbody>
</table>

*Note: The A in AHCCCS ID must be a capital letter*

<table>
<thead>
<tr>
<th>Date of Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/15</td>
<td></td>
</tr>
</tbody>
</table>

### Different AHCCCS ID member with the same date of services

<table>
<thead>
<tr>
<th>AHCCCS ID (9 – character AHCCCS ID)</th>
<th>PWK for Claim 2, Document 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A87654321</td>
<td>A87654321080515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/15</td>
<td></td>
</tr>
</tbody>
</table>

*Note: The A in AHCCCS ID must be a capital letter*

The combination of the member’s AHCCCS ID and the Date of service is what makes the PWK number unique to each claim.
Enter the patient's account number. If your office doesn't use one you can enter their AHCCCS ID, their name, etc.

Benefit Assignments; Mark yes if the 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.
Note: Effective 10/1/15, you must select ICD-10

Enter the diagnosis without the decimal here (up to 12)

If applicable, you can enter up to four modifiers

Click on the dropdown and select the place of service

TPL payer information is entered here.

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

Enter the following:
- Diagnosis Code Pointers
- To & From dates of service line charges
- Number of units or minutes
- The HCPCS (procedure code)
Service Lines Add and Updates

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

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