Online Claims Submission: Institutional Claim Type

February 22, 2018
Start at the AHCCCS Website

https://www.azahcccs.gov/

Reaching across Arizona to provide comprehensive quality health care for those in need
1. Click Plans/Providers

- 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

Sign In

Click “Sign In”

Enter your username & password

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.
Claim Submission Screen

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

Institutional Claim Submission

Submitter

Providers

Patient/Subscriber

Other Payer

Codes/Values

Attachments

Claim Information

Service Lines

Verify that the information is correct

Next click on the "providers" tab

Help
* Indicates a required field.
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

This will automatically populate to non-person entity

Do not click submit
Institutional Claim Submission

Next click on the Service Facility tab

Your provider information should populate here
### Institutional Claim Submission

#### Service Location (Non-Person Entity)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMMS National Provider ID (NPI)</td>
<td>9999999999</td>
</tr>
<tr>
<td>Laboratory or Facility Name</td>
<td></td>
</tr>
<tr>
<td>Service Location Number/Address</td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**
- Enter the attending provider information by clicking the “attending provider” tab.
- Click the “find” button.
- Enter facility NPI number here.
- Next click on the patient/subscriber tab.

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**Additional Information:**
- Reaching across Arizona to provide comprehensive quality health care for those in need.
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.
Click on the “Codes/Values” tab next

The members information will populate here
Institutional Claim Submission

If billing for inpatient, enter procedure code(s) and date.

Do not enter the diagnosis codes here, those will be entered in the “Diagnosis Codes” tab.

To enter the diagnosis click the diagnosis tab.
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

### Claim Attachments

<table>
<thead>
<tr>
<th>Report Type **</th>
<th>Report Transmission **</th>
<th>Control Number **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B4 - Referral Form</td>
<td>EL - Electronically Only</td>
</tr>
<tr>
<td>2</td>
<td></td>
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</tbody>
</table>

**Attachments (1-10):**

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

[Images and diagrams of Claim Attachments Screen]
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>A12345678</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: The A in AHCCCS ID must be a capital letter</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td>08/05/15</td>
</tr>
<tr>
<td>PWK for Claim 1, Document 1</td>
<td>A12345678080515</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>A87654321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: The A in AHCCCS ID must be a capital letter</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td>08/05/15</td>
</tr>
<tr>
<td>PWK for Claim 2, Document 2</td>
<td>A87654321080515</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.
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Make your Assignment selection

Click on the down arrow and make your selection

When done click on the Service Lines tab

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

Enter the span date, if only one Date enter that date twice

Enter the bill type here

Enter the date the member Was Admitted/Seen
Enter the unit for the line you are billing

Enter the revenue code

Enter the billed charge for the line you are billing

Click on Days or Units Which ever you are billing for

Enter the date of service for the service line you are billing

If only billing for one date enter that date twice

When done, click the add button, this will bring up a blank screen so that you can enter another line

Enter HCPCS if required

* Indicates a required field.
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”
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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