Online Prior Authorization Submission

March 22\textsuperscript{nd}, 2018
12:00pm – 1:00pm
Authorization of Acute Services

Providers shall obtain PA from AHCCCS for medically necessary:

- Non-emergency transportation when the distance exceeds 100 miles
- Non-emergent/elective inpatient hospital admissions
- Inpatient hospital admissions for behavioral health (BH) treatment
- Elective surgeries
- Ambulatory surgery facilities services;
- Skilled nursing facility admissions
- Hospice services
- Home health services under A.R.S. §36-2907(D);
- Total parenteral nutrition services.
- Purchase of medical equipment >$300.00 and supplies >$100.00
- Services rendered at a non-I H S/638 facility by an HIS/638 provider are subject to FFS authorization requirements.

Note: This is not a comprehensive list. For additional information please see:
Authorization of Acute Services

The following **do not** require Prior Authorization:

- Emergency services
- Elective sterilization;
- Routine diagnostic imaging (X-rays, MRI, ultrasound)
- Evaluation and management services (physician office visits, specialist office visits)
- Outpatient dialysis
- Rehabilitative Therapies
- Services provided at an IHS or Tribal 638 facility to Title XIX members
- Non-pharmacy services provided at an IHS or Tribal 638 facility to Title XXI (KidsCare) members;
- There is a primary payer (Medicare, third party liability (TPL), or commercial insurance); or
- Services provided during periods of member retroactive eligibility.

*Note: This is **not** a comprehensive list. For additional information please see:* [https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08_PriorAuthorizations.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08_PriorAuthorizations.pdf)
Preferred Method of Submission

- Use of the **AHCCCS Online Provider Web Portal** is the preferred method of authorization submission for Fee for Service authorization requests for acute services. Online submission allows PA staff to process authorization requests for NEMT, medical, and BH level 1 facility admission requests more efficiently.

- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests. Facility face sheets and history and physical documentation must accompany all hospital requests.

- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff no longer provides authorization status or issues standard authorizations over the phone.

- Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status. The ability to view authorization status online is delayed pending authorization entry for faxed authorization requests.

- **Note:** If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.
Submission

Begin on the AHCCCS website at [https://www.azahcccs.gov/](https://www.azahcccs.gov/)

Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

Reaching across Arizona to provide comprehensive quality health care for those in need
Select Plans/Providers tab

Reaching across Arizona to provide comprehensive quality health care for those in need
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! TERMS OF USE UPDATE!**

Effective immediately, any INDEPENEDENT PROVIDER transmitting TRMBA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to an inpatient behavioral health service. Prior Authorization requirements:

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

Enter Username and Password and click “Sign In”
From the Menu toolbar, select prior authorization submission.

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the “Prior Authorization Submission” tab.
Prior Authorization Search Screen

Prior Authorization Search

<table>
<thead>
<tr>
<th>PA Recipient/Case Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Indicates a required field.</td>
</tr>
</tbody>
</table>

Enter all required information marked with the red asterisk.

Search System: ACUTE
Search By: AHCCCS ID
AHCCCS ID: A09734947
Service Provider ID: 007335
Begin Date of Service: (Format: MM/DD/YYYY)
End Date of Service: (Format: MM/DD/YYYY)

Next click “search”

HINT: To obtain the maximum number of search results, provide data only for required fields.
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.
Adding a New Case (Step 1)

Fill in all required information (marked with red asterisks *)

- **Invalid/missing application data. Please correct and resubmit.**
  - Please enter a valid AHCCCS ID (e.g. A12345678).
  - AHCCCS ID should be 9 digits.

**Enter Case Information**

* Indicates a required field.

- **AHCCCS ID:**
  - A873494

- **Service Provider ID:**
  - 007835

- **Provider Contact Name:**
  - Albert Escobedo

- **Contact Phone Number:**
  - 602-117-4562

- **Effective Begin Date:**
  - 12/01/2017

- **Effective End Date:**
  - 12/31/2017

- **Description:**
  - Transportation

- **Next**

Once all the information has been entered, select “Next”

Enter the date you want the case to begin

Automatically defaults to end of year from begin date

Enter a description of service types provided (Ex. Transportation)
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Verify that the information is correct, and select “Submit”

Verify that the information is correct, if not click on the edit button to make changes.
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
Adding a New Event (Step 2)

Click on the "Add New Event" tab to begin the process of entering an event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Event List

Service provider

Provider ID: 007825  Provider Name: NEMT TEST  NPI:

Recipient

AHCCCS ID:  Name: DOB: Gender:

Case Detail

Case No: 000000137  Begin Date:  End Date:  Status:

Event List

No Records Found.

Add New Event

Click on the “Add New Event” tab to begin the process of entering an event.
Add New Event Screen

Add New Event

Provider ID: 007835  Provider Name: NMS TEST  NPI:

Recipient
AHCCCS ID: A96734547  Name:  DOB:  Gender:

Case Detail
Case No: 000000157  Begin Date: 01/01/2017  End Date: 12/31/2017  Status: RENED

Enter Event Information
* Indicates a required field.

Case No: 000000157
Event Type: OTHER TRANSPORT
Recipient AHCCCS ID: A96734547
Provider Contact Name: Albert Falcobied
Contact Phone Number: 602-417-1562
Requested Begin Date:
Requested End Date:
Admit Date:
Discharge Date:
Diagnosis Code:
Description:

Next  Clear

Choose from the list of Event Types

Behavioral Health Inpatient Now Available!

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Enter the dates of service here
(for transport, enter the date of the trip)

Enter the appropriate diagnosis code

Use the Description field to provide additional information about your PA request

Once all the information has been entered, click “Next”
## Event List

Click the “Add New Event” button to create a new event. Click the Sequence number to view all activities in the event. Click the “Update” link to update the event. Click the “Attachments” link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Event Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Admit Date</th>
<th>Status</th>
<th>Reason</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>OT</td>
<td>01/01/2016</td>
<td>01/01/2016</td>
<td></td>
<td>PENDED</td>
<td>PH000</td>
<td>RS9.89</td>
</tr>
</tbody>
</table>

**Transaction Succeeded.**

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.
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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”
Add New Activity (Step 3)

To add activity details, select “add new activity”

If this is the first time adding an activity for this event, no records will appear.
Enter Activity Information

Depending on the provider type, one of these activity screens will appear.

* 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.
Entering the Information

Activity Code = Procedure Code

Modifier field is optional

For Transport
1 unit = one way
2 units = round trip and so forth

Click the down arrow in the Activity Code field and make your selection

Use the Note field to provide additional information about your PA request including description requirements.

Once all the information has been entered, click “Next”
Requirements for NEMT

- In order to obtain prior authorization for services the provider must provide AHCCCS with sufficient information to demonstrate that the member is being transported to an AHCCCS covered service.
- Prior authorization requests with insufficient or vague information regarding the reason will result in a request for additional information.
Adding Additional Activities

To add another Activity to the same event, click on the Add New Activity button.

*Note: For Transport you must have at least two activities, one for the base and another for the mileage, see the following slides for instructions on how to fill-out the mileage portion of your PA request.
Transportation Only

Transport ONLY

Once you have completed the Activity for the base, click on the “Add New Activity” button and a new activity screen will appear.

For Transport
1 unit = one way
2 units = round trip and so fourth

Activity Code = Procedure Code
Modifier field is optional
Enter the total mileage here

Part 2 on next slide
Trip From (Site)
Where you are picking up the member from

Trip from (Service)
The type of service the member will be receiving

Repeat process for trip to (site & service)

Use the Note field to provide additional information about the PA request

Click on the down arrow and make your selection

Once all required information has been entered, select “next”

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PRIOR AUTHORIZATION REQUEST IS COMPLETE!
Verifying Status

Once logged in to AHCCCS online, click on “Prior Authorization Inquiry” in the menu bar.
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: 007836
Recipient AHCCCS ID: A80734947
Case Number:
Begin Date of Service: 03/21/2017
End Date of Service: 12/31/2017

Search
Clear

Enter all required fields marked with a red asterisk *

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

Once all the information has been entered, select “Next”

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

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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

Each PA will have an assigned Case No.

After clicking search, you will see a list of PA's.

Click on Case NO to see further details.

AHCCCS
Arizona Health Care Cost Containment System

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• After clicking on “Case No” you will see a list of sequence numbers
• Click on “Seq No” to see the “Activity List”
Payment

• Receiving an authorization approval does not guarantee payment.

• The service for which the authorization was issued must be supported by medical documentation establishing medical necessity.

• In addition, the claim must meet all AHCCCS criteria including, but not limited to, clean claim and timely filing.
Please submit your questions regarding this training to:

ProviderTrainingFFS@azahcccs.gov
Thank You.

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