Online Prior Authorization Submission

May 17, 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_Chap08PriorAuthorizations.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
Log in to AHCCCS online

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

Enter all required information marked with the red asterisk.

Search System: *ACUTE
Search By: *AHCCCS ID
AHCCCS ID: A9734907
Service Provider ID: 007835
Begin Date Of Service: (Format: MM/DD/YYYY)
End Date Of Service: (Format: MM/DD/YYYY)

Search Clear

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 *)

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)

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

Add New Case
Adding a New Event (Step 2)

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

<table>
<thead>
<tr>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No: 000000137</td>
</tr>
</tbody>
</table>

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

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Add New Event Screen

<table>
<thead>
<tr>
<th>Add New Event</th>
<th>24 Case Search</th>
<th>Case List</th>
<th>Event List</th>
<th>Activity List</th>
<th>Help</th>
</tr>
</thead>
</table>

**Service provider**
- **Provider ID**: 007835
- **Provider Name**: NEMT TEST
- **NPI**: 2469

**Recipient**
- **AHCCCS ID**: 226734547
- **Name**: ALBERT FLOTO
- **DOB**: 01/01/1977
- **Gender**: 2469

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

**Enter Event Information**

- **Case No**: 000000157
- **Event Type**: OTHER TRANSFER
- **Recipient AHCCCS ID**: 226734547
- **Provider Contact Name**: ALBERT FLOTO
- **Contact Phone Number**: 602-417-1262
- **Requested Begin Date**: 01/01/2017
- **Requested End Date**: 12/31/2017
- **Admit Date**: 01/01/2017
- **Discharge Date**: 12/31/2017
- **Diagnosis Code**: 2345
- **Description**:

**Choose from the list of Event Types**

- **Behavioral Health Inpatient**
- **Behavioral Transport**
- **Durable Medical Equipment/Supplies**
- **Extended Services**
- **Inpatient**
- **Medical**
- **Off Reservation**
- **Other Transport**
- **Outpatient**
- **Pharmacy**
- **Physical Therapy**
- **Reservation to Reservation**
- **Special Rate**

**Behavioral Health Inpatient Now Available!**

AHCCCS
Reaching across Arizona to provide comprehensive quality health care for those in need.
Enter Event Information

* Indicates a required field.

Case No:* 000000157
Event Type:* OTHER TRANSPORT
Recipient AHCCCS ID:
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Requested Begin Date:* 12/06/2017
Requested End Date:* 12/06/2017
Admit Date:
Discharge Date:
Diagnosis Code:* R68
Description: Non-ER Transport

The system will auto populate some of the fields but all other required information MUST be filled out.

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.

Provider ID: 007835
Provider Name: NEMT TEST
NPI:

AHCCCS ID: A98724947
Name: TEST, MEMBER
DOB: 10/15/1949
Gender: N

Case No: 000000158
Begin Date: 01/01/2016
End Date: 12/31/2016
Status: PENDED

Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.

Transaction Succeeded.

The phrase "Transaction Succeeded" will appear in red indicating that a new event list for this member was completed.

Click on "attachments" to submit attachments if needed.
Attachments

Select from the “Request Types” available

Click “Browse” to find your document on your computer

Click the “Upload Attachment” tab
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

* 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

Depending on the provider type, one of these activity screens will appear
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”
Description 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 forth

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

Part 2 on next slide
Click on the down arrow and make your selection

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

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

Search System: ACUTE
Service Provider ID: 007835
Recipient AHCCCS ID: 498734547
Case Number:
Begin Date of Service: 03/21/2017
End Date of Service: 12/31/2017

Enter all required fields marked with a red asterisk *

* indicates required fields

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