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 Behavioral Health level 1 facility requests more efficiently.

- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a Pended authorization or case number, and use the Attachment feature to upload the supporting documents directly with your request.

- 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.
Prior Authorization Submission

There are *two* ways to access the AHCCCS Online Prior Authorization Submission Web Portal.

Main AHCCCS Web page

WWW.AZAHCCCS.GOV
Select Plans/Providers tab

AHCCCS Online

Current Providers
- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

Guides - Manuals - Policies

Rates and Billing
- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

Pharmacy

Targeted Investments
Prior Authorization Submission

The second option is to enter the URL address as shown below:

HTTPS://AZWEB.STATEMEDICAID.US
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-24/6/38 NBMN providers transporting TRMHA members over 180 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.

*** ATTENTION! TERMS OF USE UPDATE ***

EFFECTIVE IMMEDIATELY: Please read the updated Terms of Use for AHCCCS Online. Your continued use of the site constitutes your acceptance of the amended agreement. IF YOU DO NOT AGREE WITH ANY PORTION OF THESE TERMS, YOU MUST CEASE YOUR ACCESS AND USE OF THE WEBSITE.

AHCCCS Online User Manuals

Sign In

- Username
- Password
- Sign In

Forget 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.

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

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 306, 400, 360, and 1106 in the AHCCCS MEDICAL POLICY MANUAL (AMPM).

Services that require Prior Authorizations:
- Tribal ALTCS Acute Inpatient Behavioral Health
- Durable Medical Equipment (DME) consumable $100.00 and durable > $100.00 and all rentals.
- Elective (scheduled) blood collections
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Indigent
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

Services that do not require Prior Authorization:
- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g., Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g., EEG, MRI, CT scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g., PICC Line removal or placement, Central Line removal or placement, PEG removal. Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AMIM chapter 406).
- Rye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

Services that are not managed by AHCCCS FFS Prior Authorization Units: You must contact the appropriate entity for authorization.
- Non-Acute Services for Tribal ALTCS members (contact Case Manager).
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PDU).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

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

AHCCCS
Arizona Health Care Cost Containment System
THREE STEP PROCESS

PA CASE CREATION

EVENT TYPE

ACTIVITY TYPE
Enter CASE - The Case Date should begin with the Admission date and end on the last day of the current calendar year for example (12/31/2019).

After entering the CASE details **Click the Next button.** Verify the Case information details. If correct **Click the Submit button** this will direct you to the Case List screen.
A list of existing Cases should appear.
Select the applicable **Case number** by clicking on the case number as shown below.
Next select **Add New Event** to enter the Event information. Fields that have a **Red Asterisk * must be completed.**

Selecting the **ADD NEW EVENT** tab will allow you to enter the **Event Details** that are required for the authorization.
The Event Begin date is the **Admission Date** to the BHRF. Behavioral health diagnosis codes must begin with the letter “F”.
If the information entered is correct, click the Submit button.
You will see a list of Events (if there are multiple Events under the current case). This example shows one Event.
Click on Attachments to upload documentation.
This screen will appear.
You must then select the request type “BH AIHP”. You must also select Choose File to search your computer for the file you want to attach. After attaching your files you must select “Upload Attachment”. 
You will see a message confirming successful submission of your file.

Next  **CLICK the Submit Button.**
Next you should receive another message confirming successful submission for processing. The uploaded documents should appear under Submitted Attachments. After confirming this step, click on Event List (Top right corner of the screen) to get back to your Event List.
Click on the Sequence number for the Event dates that you need to enter the Activity Codes (Billing codes)
Next click Add New Activity to enter Activity Codes.
Select “HCPCS” to identify the type of billing code for this setting. Next enter the HCPCS/ billing code H0018 and the number of units (units=days) based on the dates of service entered.
Reminder: Fields with a **RED ASTERISK** *Must be completed.*

After reviewing the information entered, Click the Next button.
After reviewing the information again, **click Submit**.
Successful Submission of the PA.

<table>
<thead>
<tr>
<th>Activity list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID: 111111</td>
</tr>
<tr>
<td>Provider Name: BHRF</td>
</tr>
<tr>
<td>NPI: 1234567890</td>
</tr>
<tr>
<td>Service provider</td>
</tr>
<tr>
<td>Recipient: AHCCCS</td>
</tr>
<tr>
<td>DOB: F</td>
</tr>
<tr>
<td>Gender: F</td>
</tr>
<tr>
<td>Case No.: 000000012</td>
</tr>
<tr>
<td>Begin Date: 04/01/2019</td>
</tr>
<tr>
<td>End Date: 12/31/2019</td>
</tr>
<tr>
<td>Status: PENDED</td>
</tr>
<tr>
<td>Sequence No.: 01</td>
</tr>
<tr>
<td>Srv Begin Date: 04/01/2019</td>
</tr>
<tr>
<td>Srv End Date: 06/01/2019</td>
</tr>
<tr>
<td>Status: PENDED</td>
</tr>
<tr>
<td>Activity List</td>
</tr>
<tr>
<td>Line No.</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>01</td>
</tr>
</tbody>
</table>

Click “Add New Activity” button to create new activity. Click “Update” link to update the activity. NOTE: Approved activities cannot be updated online.
Continued Stay Submissions:

If you need to extend the member’s stay please refer to the documents Attachment procedure from the previous slide.

**Note:** If your authorization is not in a *Pended Status*, you will not be able to alter the *Event Dates* or the *Activity Information*.

You will only be able to submit additional documentation. Please indicate the date span you are requesting continued stay authorization on.