



BHRF – Prior Authorization and Claim Submission

Fall 2020



These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).



Preferred Method of Prior Authorization Submission

BHRF Prior Authorization Requirements

Updated Prior Authorization and Policy Information regarding Behavioral Health Residential Facilities (BHRF) can be found on the DFSM Prior Authorization Requirements Web Page at:

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Under the “Services that require Prior Authorization section, there are two documents that are periodically updated, with the most up-to-date PA guidance.

Services that require Prior Authorization:

- Behavioral Health Residential Facility Documentation Requirements  [BHRF in Word Version] 
- Behavioral Health Residential Facility AMPM 320-V Guidance 
- Non Emergency Acute Inpatient Admissions

BHRF Prior Authorization Requirements

It is the provider's responsibility to familiarize themselves with the following:

- BHRF Prior Authorization Requirements;
- Information contained within AMPM Policy 320-V, Behavioral Health Residential Facility; and
- The AHCCCS Online Provider Portal

Preferred Method of Submission

When submitting a Prior Authorization request, use of the [AHCCCS Online Provider Web Portal](#) is the preferred method.

- Online submission allows PA staff to process prior authorization requests more efficiently.

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website www.azahcccs.gov



2. Via the direct web address at: <https://azweb.statemedicaid.us>

Preferred Method of Submission

Providers shall take the following steps:

1. New Users: If a provider does not have an online account, they can register by going to <https://azweb.statemedicaid.us>. Under the heading “New Account” click on **Register for an AHCCCS Online Account** and follow the instructions to submit a request.
2. Once an AHCCCS online account has been set up, the provider can proceed.
3. Enter the authorization request via the PA submission link in the AHCCCS online web portal.
4. Attach required clinical documentation via the online attachment feature.
5. An authorization number is generated automatically, which will remain in a pending status until an authorization decision is made. A PA confirmation letter is then mailed to the provider indicating the pending authorization status, and
6. After documentation submitted by the provider has been reviewed and an authorization decision is made, a PA confirmation letter is mailed to the provider indicating the updated authorization status.
7. Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Preferred Method of Submission

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.

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

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/forms.html>



How to Submit a BHRF Prior Authorization Request Using the AHCCCS Online Provider Portal

Sign In Page

Step 1: Sign In. The user **must** have a valid Username and Password.

The screenshot shows the AHCCCS website's sign-in page. At the top, there is a navigation bar with the AHCCCS logo, the text "Arizona Health Care Cost Containment System", and the AZ.GOV logo. Below the navigation bar, there is a main content area with a left sidebar and a main right section. The sidebar contains links for "New Account", "Hospital Assessment", and "Health Plan Links". The main right section contains a welcome message, several attention notices, and a sign-in form. The sign-in form has fields for "Username" and "Password", a "Sign In" button, and a "Forgot your Password?" link. A blue callout box with arrows points to the "Username" and "Password" fields, and the "Sign In" button is circled in red.

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 JMS/638 NEMT providers transporting TRBHA 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.

***** 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

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 2 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.

Main Page

Step 2: On the Main Page, select *Prior Authorization Submission*

Main | FAQ | Terms Of Use | LogOut |

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲
**AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.**

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click [here](#) in [AIMH Home](#).

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.
For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

Menu

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission**
- Provider Verification
- Targeted Investments Program
- Members Supplemental Data

Support and Manuals

- AHCCCS Online User Manuals

There are *three* Steps to Create a
Prior Authorization Case Type.

1. PA CASE CREATION



2. EVENT TYPE



3. ACTIVITY TYPE

Menu

[AIMH Services Program](#)[Claim Status](#)[Claims Submission](#)[EFT Enrollment](#)[Member Verification](#)[Newborn Notification](#)[Prior Authorization Inquiry](#)**[Prior Authorization Submission](#)**[Provider Verification](#)[Provider Re-Enrollment/Revalidation](#)[Targeted Investments Program](#)[Members Supplemental Data](#)

Support and Manuals

[AHCCCS Online User Manuals](#)[AHCCCS Online Learn More](#)[Frequently Asked Questions](#)

Account Information

Username: |

User: |

Type: Master

IP: |

Provider ID: |

[User Request Stats](#)[Admin](#)**Select the tab
Prior Authorization Submission**

AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

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CLAIM STATUS

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For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

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MEMBER VERIFICATION

Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers can also obtain Medicare, Share Of Cost and other third party coverage information for a recipient.

NEWBORN NOTIFICATION

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available. Status of these submissions can also be viewed from the web site within 48 business hours.

PROVIDER VERIFICATION

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures.

For further information, please click on [AHCCCS Provider Registration](#).

PROVIDER RE-ENROLLMENT/REVALIDATION

Provider Re-Enrollment/Revalidation allows providers to submit their re-enrollment information electronically. Providers who were registered with AHCCCS prior to 01/01/2012 will be notified by mail or e-mail when it is time to re-enroll. All data must be submitted by the indicated timeframe on the letter or the AHCCCS identification number will be terminated for failure to re-enroll. Providers must wait to receive a re-enrollment notice. If documents are received prior to the re-enrollment notices being mailed out, the documents will be processed as regular updates due to system requirements. Data may be submitted by authorized signers on file with AHCCCS. For further information, please click on [AHCCCS Provider Re-Enrollment Frequently Asked Questions](#).

PRIOR AUTHORIZATION INQUIRY

Prior Authorization Inquiry will allow providers to verify the status of previously submitted prior authorization requests. Inquiries can be performed by Case Number, AHCCCS ID or Provider ID. The related case, event and activity data related to the prior authorization will be displayed.

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 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- 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.: EKG, 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 AM/PM chapter 400).
- Eye 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 Unit: 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 PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Next - Click on the tab "Prior Authorization Submission" located at the bottom of the page.

Prior Authorization Submission

Prior Authorization Search

PA Recipient/Case Search

* Indicates a required field.

Search System:*	<input type="text" value="ACUTE V"/>
Search By:*	<input type="text" value="AHCCCS ID V"/>
AHCCCS ID:*	<input type="text" value="A#####"/>
Service Provider ID:*	<input type="text" value="-SELECT - V"/>
Begin Date Of Service:	<input type="text"/>
End Date Of Service:	<input type="text"/>

(Format: MM/DD/YYYY)
(Format: MM/DD/YYYY)

Select the down arrow key next to each heading to select your preference for the Case Search.

HINT: To obtain the maximum number of search results, provide data only for required fields.

Prior Authorization Search

PA Recipient/Case Search

Search System:*

Search By:* The AHCCCS member ID is the recommended Search By option.

AHCCCS ID:* (Ex. A12345678)

Service Provider ID:* Click the down arrow to select the provider NPI or 6 digit provider ID number.

Begin Date Of Service: (Format: MM/DD/YYYY)

End Date Of Service: (Format: MM/DD/YYYY)

Select the SEARCH button after completing the required fields.

* Indicates a required field.

HINT: To obtain the maximum number of search results, provide data only for required fields.

If this is the First Case created for the client, the “Service Dates” and “Case List” fields will be blank. The message “No Records Found” will be present.

[CASE LIST](#)



PA Case Search

[Case List](#)

Event List

Activity List

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. NOTE: Approved PA cases cannot be updated online.

Service Provider

Provider ID: 111111

Provider Name: BHRF

NPI:

Service Dates

Begin Dates: N/A

End Dates: N/A:

Case List

No Records Found.

ADD NEW CASE

Click the Add New Case box to create the initial PA CASE.

Enter CASE Information- The **Effective Begin Date** field should be entered with the first date of service for the prior authorization request. The **Effective End Date** field must be entered as the end date of the current year (i.e. 12/31/2019). (the system will default and enter the end date).

Add New Case

Service provider		
Provider ID: 111111	Provider Name: B.H.R.F.	NPI: 1234567890

Enter Case Information

**** Indicates a Required Field**

AHCCCS ID: *	<input type="text" value="A12345678"/>
Service Provider ID: *	<input type="text" value="111111"/>
Provider Contact Name: *	<input type="text" value="BHRF"/>
Contact Phone Number: *	<input type="text" value="602-417-4000"/>
Effective Begin Date: *	<input type="text" value="04/01/2019"/>
Effective End Date: *	<input type="text" value="12/31/2019"/>
Description: *	<input type="text" value="BHRF"/>
	<input type="button" value="Next"/> <input type="button" value="Clear"/>

(The actual Effective End date for the PA request will be entered on the next PA screen).

details **Click the Next button to view the Case details.**

Verify the Case Information

Add New Case

PA Case Search

Case List

Event List

Activity List

Service Provider

Provider ID: 111111

Provider Name: BHRF

NPI:

Verify Case Information

AHCCCS ID:

A12345678

Provider ID:

111111

Service Provider NPI:

XXXXXXXX

Provider Contact Name:

BHRF

Contact Phone Number:

602-417-4000

Effective Begin Date:

04/01/2019

Effective End Date:

12/31/2019

Description:

BHRF

If the information entered is correct press the Submit button.

If you need to make a correction, press the Edit button, make the correction than select the Submit button to accept the changes.

Submit

EDIT

Click "ADD NEW CASE" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. NOTE: Approved PA cases CANNOT be updated online.

Provider ID: 111111	Provider Name: B.H.R.F.	Service provider NPI: 1234567890
Begin Date: N/A	Search Dates	End Date: N/A
Case List		
Transaction Succeeded.		

Case No.	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description
00000001	A12345678	04/01/2019	12/31/2019	PENED	PRIOR AUTHORIZATION	BHRF Update

ADD NEW CASE

*** A list of existing Case Numbers will appear.
To make your selection, Click on the appropriate Case No.**

Select the [Case number](#) by clicking on the Case number as shown below. This will take you to step #2 - **"Add New Event"**

Case List

PA Case Search

[Case List](#)

Event List

Activity List

Click "ADD NEW CASE" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. NOTE: Approved PA cases CANNOT be updated online.

Provider ID: **111111** Service provider
Provider Name: **B.H.R.F.** NPI: **1234567890**
Begin Date: N/A Search Dates End Date: N/A

Case List

Transaction Succeeded

Case No.	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
00000001	A12345678	04/01/2019	12/31/2019	PENDED	PRIOR AUTHORIZATION	BHRF	Update



ADD NEW CASE

Click "Add New Case" button to add new case. Click Case Number to view all events in the case. Click Update link to update the case. NOTE: Approved PA cases CANNOT be updated online.

Service Provider

Provider ID: 111111

Provider Name: BHRF

NPI: 1234567890

Search Dates

Begin Date:

End Date:

EVENT LIST

No Records Found

ADD NEW EVENT

Select the **ADD NEW EVENT** tab. This will take you to the page to Enter Event Information.

The Event Begin date is the Admission Date. A valid ICD-10 Mental, Behavioral, or neurodevelopment Disorder Diagnosis is required for the PA. The BH Diagnosis codes range is (F01 thru F99).

Add New Event

PA Case Search Case List **Event List** Activity List

Provider ID: 111111	Provider Name:	Service provider	NPI:
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	Recipient DOB: 01/01/1985	Gender: F
Case No: 000000001	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: Pended

Enter Event Information

* Indicates a required Field

Case No * 000000001
Event Type* BP
Recipient AHCCCS ID * A12345678
Provider Contact Name* B.H.R.F.
Contact Phone Number* 602-417-4000
Requested Begin Date * 04/01/2019
Requested End Date * 06/30/2019
Admit Dates:
Discharge Date:
Diagnosis Code* .
Description

Enter the Begin and End Dates of Service for the Prior Authorization Request.

List the primary BH diagnosis code. The decimal point is preset in the Diagnosis Code field and does not require you to enter the decimal point.

NEXT

CLEAR

Verify Event Information –

If the event information is correct, Click the **Submit** button to proceed.

Add New Event **PA Case Search** **Case List** **EVENT LIST** **Activity**

Provider ID: 111111 **Provider Name: BHRF** Service provider NPE:

AHCCCS ID: A12345678 Name: AHCCCS, BUDDY Recipient **DOB: MM/DD/YYYY** Gender:

Case No. 00000001 **Begin Date: 04/01/2019** Case Detail **End Date: 12/31/2019** **Status: PENDED**

Verify Event Information

* Indicates a required Field

Case No * **00000001**

Event Type * **BP (BHS Partial) Care**

Recipient AHCCCS ID * **A12345678**

Provider Contact Name * **B.H.R.F.**

Contact Phone Number * **602-417-4000**

Requested Begin Date * **04/01/2019**

Requested End Date * **06/30/2019**

Admit Dates:

Discharge Date:

Do not enter a Admit or Discharge Date for a BHRF stay.

Diagnosis Code * .

Description

Submit

Edit

If the information is correct, Click the **SUBMIT** button.
If you need to make a correction, press the **EDIT** button, make the correction, then Click **SUBMIT** to accept the correction.

You will see a list of Events. If there are multiple Events under the PA case number, select the correct Sequence number. This example shows only one Event.

Event List ←

PA Case Search Case List **EVENT LIST** Activity List

Provider ID: 111111 Provider Name: Service provider NPI:

AHCCCS ID: A12345678 Name: AHCCCS, BUDDY Recipient DOB: 01/01/1985 Gender: F

Case No: 00000012 Begin Date: 04/01/2019 End Date: 12/31/2019 Status: PENDED

EVENT LIST

TRANSACTION SUCCEEDED

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	BP	04/01/2019	06/30/2019		PENDED	PH009	F99	Update	Attachments

The option to add an Attachment is located on the **Event List** tab only.

PA Attachment Process

Event List ← PA Case Search Case List **EVENT LIST** Activity List

Provider ID: 111111	Provider Name:	Service provider	NPI:
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	Recipient DOB: 01/01/1985	Gender: F
Case No: 00000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDED

EVENT LIST

TRANSACTION SUCCEEDED

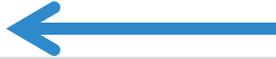
Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	
01	BP	04/01/2019	06/30/2019		PENDED	PH009	F99	Update Attachments

From the Event List page, Click “Attachments” to upload documentation.



The PA Attachment screen will appear

Attachments



PA Case Search Case List **Event List** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS they can no longer be deleted from the system. Please contact the [PA Group](#) for further assistance.

Recipient

AHCCCS ID:A#####

Name: AHCCCS, BUDDY

DOB: MM/DD/YYYY

Gender:

Case Detail

Case No:

Begin Date: 04/01/2019

End Date: 12/31/2019

Status: Pended

Event Detail

Sequence No: 01

Service Begin Date: 04/01/2019

Service End Date: 06/30/2019

Status: Pended

Request Type:



Select file to upload:

No file chosen:

Pending Attachments

NO PENDING ATTACHMENT(S) FOUND

Submitted Attachments

NO SUBMITTED ATTACHMENT(S) FOUND

1. In the Request Type field click the down arrow and select the request type "BH AIHP".

2. Next click the **Browse** button and select **Choose File** to search your computer for the file to attach to the
Prior Authorization request.

Attachments

PA Case Search Case List **Event List** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient

AHCCCS ID:A#####

Name: AHCCCS, BUDDY

DOB: MM/DD/YYYY

Gender:

Case No:

Begin Date: 04/01/2019

Case Detail

End Date: 12/31/2019

Status: Pended

Event Detail

Sequence No: 01

Service Begin Date: 04/01/2019

Service End Date: 06/30/2019

Status: Pended

Request Type:

BH AIHP



Select file to upload:

K:\BHRF\OIL NE SUBMISSION.pptx

Browse...

Upload Attachment

Pending Attachments

NO PENDING ATTACHMENT(S) FOUND

Submitted Attachments

NO SUBMITTED ATTACHMENT(S) FOUND

You will see a message confirming **“File Successfully Uploaded”**.

Attachments PA Case Search Case List **EVENT LIST** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678		Recipient	
Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F	
Case No:		Case Detail	
Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDED	
Event Detail		Event Detail	
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/30/2019	Status: PENDED

Request Type: Select file to upload:

File successfully uploaded.

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, tmp, png

Pending Attachments	Submitted Attachments
Behavioral Health Residential Facility.docx <input type="button" value="✕"/>	*** NO SUBMITTED ATTACHMENT(S) FOUND ***

Next **CLICK the Submit Button.**

Next select the **Upload Attachment** button .
A message confirming **“Attachments Successfully Submitted for Processing”**
will appear.

Attachments PA Case Search Case List **Event List** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing. NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F
Case No:	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/30/2019	Status: PENDING

Request Type: Select file to upload: Browse...

Attachments successfully submitted for processing.

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	Behavioral Health Residential Facility.docx 3/20/2019



After confirming the attachment was successful, go back to the top right side of the page and select the tab **Event List**, this will take you back to the Event List page to continue with entering the PA information.

To add the Activity Codes (CPT/HCPCS), Click the **Sequence number** next to the date span that you want to add.

Event List **PA Case Search** **Case List** **EVENT LIST** **Activity List**

Provider ID: 111111 Provider Name: Service provider NPI:

AHCCCS ID: A12345678 Name: AHCCCS, BUDDY Recipient DOB: 01/01/1985 Gender: F

Case No: 000000012 Begin Date: 04/01/2019 Case Detail End Date: 12/31/2019 Status: PENDING

EVENT LIST

TRANSACTION SUCCEEDED

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	BP	04/01/2019	06/30/2019		PENDING	PH009	F99	Update	Attachments

 Sequence Number

Next select the **“Add New Activity”** tab to enter the (CPT/HCPCS) for billing.

Activity Codes

Activity List PA Case Search Case List Event List **Activity List**

*Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.
NOTE: Approved activities cannot be updated online.*

Provider ID: 111111		Provider Name: BHRF		Service provider		NPI: 1234567890	
AHCCCS ID: A12345678		Name: AHCCCS		Recipient		DOB: Gender: F	
Case No: 000000012		Begin Date: 04/01/2019		Case Detail		End Date: 12/31/2019 Status: PENDING	
Sequence No: 01		Srv Begin Date: 04/01/2019		Event Detail		Srv End Date: 06/30/2019 Status: PENDING	
Activity List							
No Records Found							

ADD NEW ACTIVITY



Activity Type * Select type "HCPCS" .

Activity Codes * Enter the HCPCS code H0018.

Allowed Units * Enter the number of units (units=days) based on the dates of service requested for the prior authorization.

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. NOTE: Approved activities

Provider ID: 111111	Provider Name: BHRF	Service provider	NPI: 1234567890
AHCCCS ID: A12345678	Name: AHCCCS	Recipient	Gender: F
Case No: 000000001	Begin Date: 04/01/2019	Case Detail	End Date: 12/31/2019
			Status: PENDED
Sequence No: 01	Srv Begin Date: 04/01/2019	Event Detail	Srv End Date: 06/30/2019
			Status: PENDED

Enter Activity Information

Indicates a required field.

Case Number: * 000000001
Provider Contact Name: * B.H.R.F.
Contact Phone Number: * 602-417-4000
Sequence Number: * 01
Activity Type: * HCPCS
Activity Code: * H0018
Modifier: *
Allowed Units: * 90
Note:

Reminder: Fields with a **RED ASTERISK*** must be completed.

Activity List PA Case Search Case List Event List **Activity List**

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.
NOTE: Approved activities cannot be updated online.

Provider ID: 111111		Service provider		Provider Name: BHRF		NPI: 1234567890	
AHCCCS ID: A12345678		Name: AHCCCS		DOB:		Gender: F	
Case No: 000000001		Begin Date: 04/01/2019		End Date: 12/31/2019		Status: PENDED	
Sequence No: 01		Srv Begin Date: 04/01/2019		Srv End Date: 06/30/2019		Status: Pended	

Enter Activity Information

* Indicates a required field.

Case Number:	*	000000001
Provider Contact Name:	*	B.H.R.F.
Contact Phone Number:	*	602-417-4000
Sequence Number:	*	01
Activity Type:	*	HCPCS v
Activity Code:	*	H0018
Modifier:	*	
Allowed Units:	*	90
Note:		

If the information entered is correct, click the **"Next" button.**

On the “Verify Activity Information” page, if the information is correct, Select the “Submit” button to finalize your PA request.

Activity List

PA Case Search Case List Event List Activity List

Click "Add New Activity" button to create new activity. Click "..." button to delete activity.
NOTE: Approved activities cannot be updated online.

Provider ID: 111111	Provider Name: BHRF	Service provider	NPI: 1234567890
AHCCCS ID: A12345678	Name: AHCCCS	Recipient	DOB: Gender: F
Case No: 00000012	Start Date: 04/01/2019	Case Detail	End Date: 12/31/2019 Status: PENDING
Sequence No: 01	Srv Begin Date: 04/01/2019	Event Detail	Srv End Date: 06/01/2019 Status: PENDING

Srv End Date 06/30/2019

Verify Acti

Case Number: 00000012
Provider Contact Name: BHRF
Contact Phone Number: 602-437-40
Sequence Number: 01
Activity Type: H (HCPCE)
Activity Code: H0018
Modifier:
Allowed Units: 90
Notes: Test

SUBMIT **EDIT**

If a correction is required, select the **EDIT** button, make the correction then select the **Submit** button to finalize your Prior Authorization request.

Successful Submission of the PA.

Activity List PA Case Search Case List Event List **Activity List**

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. NOTE: Approved Activities cannot be updated on line

Service Provider

Provider ID: 111111 Provider Name: BHRF NPI: 1234567890

Recipient

AHCCCS ID: A12345678 Name: AHCCCS DOB: MM/DD/YYYY Gender:

Case Detail

Case No. 000000001 Begin Date: 04/01/2019 End Date: 12/31/2019

Event Detail

Sequence No: 01 Srv Begin Date: 04/01/2019 Srv End Date: 06/30/2019 Status: Pended

TRANSACTION SUCCEEDED

Line No.	Activity Type	Activity Code	HCPCS	Allowed Units	Units Used	Status	Reason	Unit/Price	
01	HCPCS	H0018		90.00	0.000	PENDED	PH009	201.900	UPDATE

ADD NEW ACTIVITY



Claim Submission Using the AHCCCS Online Provider Portal

Claim Submission - Sign In Page

Step 1: Sign In. The user **must** have a valid Username and Password.

The screenshot shows the AHCCCS website's sign-in page. At the top, there is a banner with the AHCCCS logo, a group photo of diverse people, and the AZ.GOV logo. Below the banner is a navigation bar with links for FAQ, Terms of Use, and Log In. The main content area is divided into a left sidebar and a main right section. The sidebar contains sections for 'New Account', 'Hospital Assessment', and 'Health Plan Links'. The main section contains a welcome message, several attention notices (including one about sharing accounts and another about terms of use), and a 'Sign In' section. The 'Sign In' section has a form with fields for 'Username' and 'Password', a 'Sign In' button circled in red, and a 'Forgot your Password?' link. A blue callout box with two arrows points to the 'Username' and 'Password' fields, containing the text 'Enter Username and Password and click "Sign In"'. Below the form, there is a note about password sensitivity and failed attempts.

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 3MS/628 NEMT providers transporting TRBHA 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.

***** 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

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 2 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.

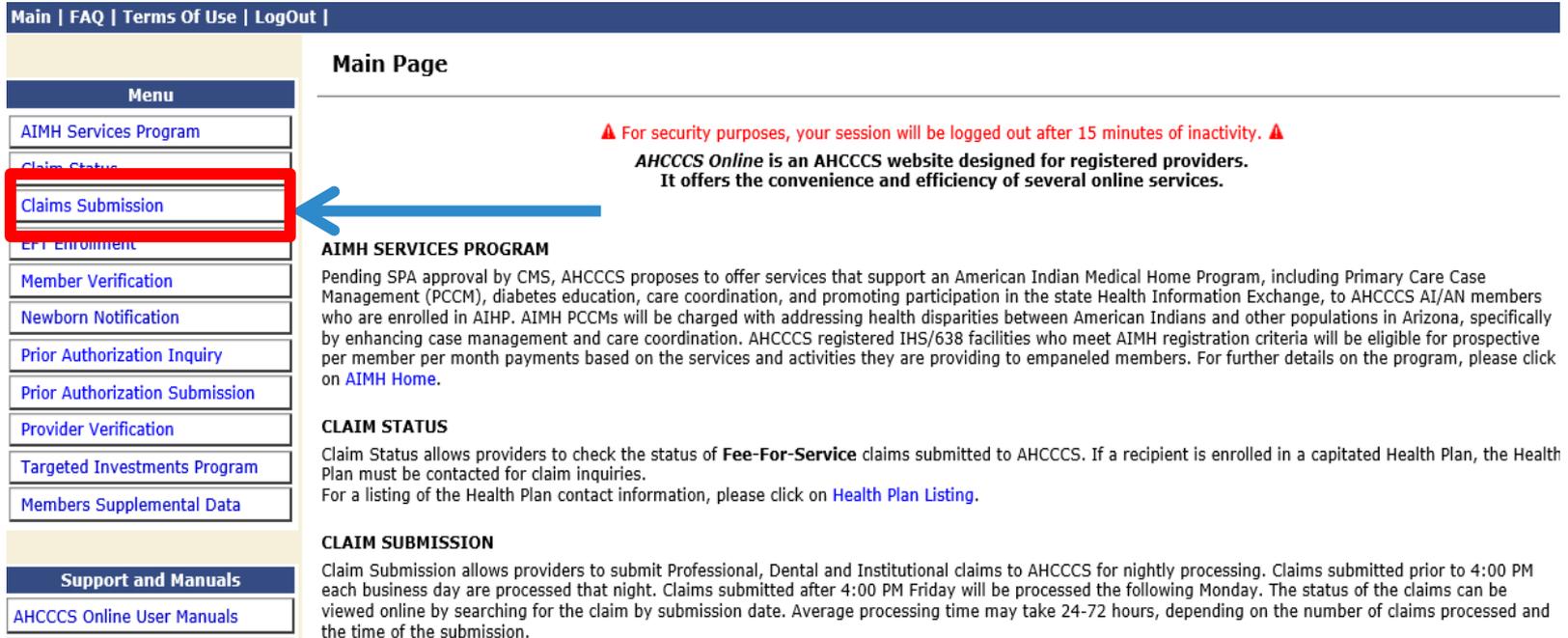
Claim Submission - Main Page

Step 2: On the Main Page, select *Claim Submission*

Main | [FAQ](#) | [Terms Of Use](#) | [LogOut](#) |

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲
**AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.**



Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)**
- [EFT Enrollment](#)
- [Member Verification](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Targeted Investments Program](#)
- [Members Supplemental Data](#)

Support and Manuals

- [AHCCCS Online User Manuals](#)

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.
For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

Claim Submission Page

Menu
AHMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Targeted Investments Program
Members Supplemental Data

Support and Manuals
AHCCCS Online User Manuals
AHCCCS Online Learn More
Frequently Asked Questions

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 8XXXXXXXX

NOTE: You cannot view the processing status of claims submitted by other users.

Enter New Claim

Type of Claim:

BHRF services are submitted using the Professional Claim form type. Select "professional" from the drop down box and then press 'Go'.

View Claim Processing Status

Submission Date(s): -

Professional Claim Submission Page

Menu

- AIMH Services Program
- Claim Status
- Claims Submission**
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program
- Members Supplemental Data

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

Professional Claim Submission

[Help](#)
* Indicates a required field.

Submitter Providers Patient/Subscriber Ambulance Other Payer Attachments Claim Information Service Lines

Submitter	
Organization Name:	BHRF
Electronic Transmitter ID Number:	XXXXXX
Information Contact Name:	BHRF
Information Contact Telephone Number:	602-417-4000

Professional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Billing Provider	Rendering Provider	Referring Provider	Service Facility				

Billing Provider

* Tax ID: SSN EIN Enter the Tax Id number and check the EIN bullet.

Provider Commercial Number:

* CMMS National Provider ID (NPI): Enter the BHRF NPI number and select the FIND button.

* Entity Type: Person Non-Person Entity Select Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name:

Information Contact Name:

Information Contact Telephone Number:

Service Locator Code/Address:

Pay-To Locator Code/Address:

When you have completed these fields, go back to the top of the tool bar and select the tab "Rendering Provider".

DO NOT SELECT THE SAVE OR SUBMIT BUTTON!!

Menu

[AIMH Services Program](#)

[Claim Status](#)

[Claims Submission](#)

[EFT Enrollment](#)

[Member Verification](#)

[Newborn Notification](#)

[Prior Authorization Inquiry](#)

[Prior Authorization Submission](#)

[Provider Verification](#)

[Targeted Investments Program](#)

[Members Supplemental Data](#)

Support and Manuals

[AHCCCS Online User Manuals](#)

[AHCCCS Online Learn More](#)

[Frequently Asked Questions](#)

Professional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Billing Provider	Rendering Provider	Referring Provider	Service Facility				

Billing Provider

* Tax ID: **8XXXXXXXXX** SSN EIN

Provider Commercial Number:

* CMMS National Provider ID (NPI): **XXXXXXXXXX**

* Entity Type: Person Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name: NEMT TEST

Information Contact Name:

Information Contact Telephone Number: 6024177000

Service Locator Code/Address:

Pay-To Locator Code/Address:

The system will present your specific provider information based on the information entered in the Tax ID and NPI field.

DO NOT SELECT THE SAVE OR SUBMIT BUTTON. !!!

Professional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Billing Provider	Rendering Provider	Referring Provider	Service Facility				
Rendering Provider							
Provider Commercial Number: <input type="text" value="XXXXXXX"/>							
* CMMS National Provider ID (NPI): <input type="text" value="XXXXXXXXXX"/> <input type="button" value="Find"/>							
* Entity Type: <input type="radio"/> Person <input checked="" type="radio"/> Non-Person Entity							
Provider Name: <input type="text" value="BHRF"/>							
Performing Health Care Provider Taxonomy Code: <input type="text"/>							

Enter the BHRF NPI number and select Non-person Entity and click the Find button.

DO NOT SELECT THE SAVE OR SUBMIT BUTTON.

Professional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Insured or Subscriber							
* Member ID Number/Date of Birth: <input type="text" value="a12345678"/> <input type="text" value="mm/dd/yyyy"/> <input type="button" value="Find"/>							
Person Name:							
Gender:							
Residential Address:							
* Payer Responsibility: <input type="text" value="P - Primary"/>							
<small>NOTE: AHCCCS no longer accepts ADOC claims.</small>							
Payer Responsibility field -If the member does not have any other insurance that may cover the service, from the drop down box select P-Primary.			<input type="button" value="Save"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/>			DO NOT SELECT THE SAVE OR SUBMIT BUTTON.	

Professional Claim Submission

Help

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Claim Information							
Original Reference Number:		<input type="text"/>	<input type="radio"/> Replacement <input type="radio"/> Void				
Prior Authorization Number:		<input type="text"/>					
* Patient Control Number:		enter your patient control number					
Medical Record ID Number:		<input type="text"/>					
Initial Treatment Date:		<input type="text"/>					
Date of Current Injury:		<input type="text"/>	(Accident)				
** Patient's Condition Related To:		<input type="checkbox"/> Employment <input type="checkbox"/> Other Accident <input type="checkbox"/> Auto Accident					
*** Place in which accident occurred:		<input type="text"/>	(State)				
Special Program Indicator:		<input type="text"/>					
* Provider Signature on File:		<input checked="" type="radio"/> Yes <input type="radio"/> No					
* Provider Accept Assignment:		<input checked="" type="radio"/> Assigned <input type="radio"/> Accepted on Clinical Lab Services Only <input type="radio"/> Not Assigned					
* Benefit Assignment:		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable					
* Release of Information Consent:		<input checked="" type="radio"/> Informed Consent <input type="radio"/> Yes					
EPSDT Screening Referral:		<input type="radio"/> Yes <input type="radio"/> No (Mutually Defined)					
Condition Indicator:		1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>			
Additional Information:		<input type="text"/>					
		(80 character max)					

** Required ONLY if "Date of Current Injury" is entered.
*** Required ONLY if "Auto Accident" selected.

Informational Only - If you are submitting a correction to a previous claim on file, in the "Original Reference Number" field you will enter the 12 digit ICN or CRN number of the claim that you want to correct. Next select the Replacement button and continue with entering the claim information.

Save

Submit

Cancel

Do not select the Save or Submit button.

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
-----------	-----------	--------------------	-----------	-------------	-------------	-------------------	---------------

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

* **Standard:** ICD-9 ICD-10

* **Diagnosis Codes:** 1 2 3 4 5 6
7 8 9 10 11 12

Select ICD-10

Service Line

* **Diagnosis Code Pointers:** 1 2 3 4 5 6 7 8 9 10 11 12

* **Service Dates:** -

* **Line Charges:** \$

* **Place of Service Code (POS):**

* **Quantity:** Minutes Units

* **HCPCS Code:**

* **Modifier Codes:** 1 2 3 4

National Drug Code:

Prescription Date:

** **NDC Quantity/Measure:**

** **Prescription #/Identifier:**

Immunization Batch Number:

Taxonomy Code: (Performing HC Provider)

Patient Count:

Indicators: Emergency EPSDT

Provider Control Number:

** **Other Payer:** Primary ID Paid Amount \$ Units Procedure Code/Qualifier

** **Medicare:** Paid Amount \$ Units Procedure Code/Qualifier

Other Adjustment(s): Medicare Deductible \$ Medicare Coinsurance \$ Medicare Copay \$

** **Durable Medical Equipment:** HCPCS Purchase Price \$ Rental Price \$ Length of Medical Necessity (Days)

** **Ordering Physician:** Plan ID Last Name First Name City

** All or none of the information is required for the line or group.

Complete all fields with a Red Asterick and then Click the Add button.

Verify the dates, total charges and units billed are correct.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)							
* Standard: <input type="radio"/> ICD-9 <input checked="" type="radio"/> ICD-10		* Diagnosis Codes: 1 <input type="text" value="F99"/> 2 <input type="text" value="F10"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>					
		7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/>					
Service Line							
* Diagnosis Code Pointers: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
* Service Dates: <input type="text"/> - <input type="text"/>		* Place of Service Code (POS): <input type="text"/>					
* Line Charges: \$ <input type="text"/>		* Quantity: <input type="text"/> <input type="radio"/> Minutes <input checked="" type="radio"/> Units					
* HCPCS Code: <input type="text"/>		* Modifier Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>					
National Drug Code: <input type="text"/>		* Prescription Date: <input type="text"/>					
**NDC Quantity/Measure: <input type="text"/> <input type="text"/>		**Prescription #/Identifier: <input type="text"/>					
Immunization Batch Number: <input type="text"/>		Taxonomy Code: <input type="text"/> (Performing HC Provider)					
Indicators: Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/>		Patient Count: <input type="text"/>					
Provider Control Number: <input type="text"/>							
**Other Payer: Primary ID <input type="text"/>		Paid Amount \$ <input type="text"/>		Units <input type="text"/>		Procedure Code/Qualifier <input type="text"/>	
**Medicare: Paid Amount \$ <input type="text"/>		Units <input type="text"/>		Procedure Code/Qualifier <input type="text"/>			
Other Adjustment(s): Medicare Deductible \$ <input type="text"/>		Medicare Coinsurance \$ <input type="text"/>		Medicare Copay \$ <input type="text"/>			
**Durable Medical Equipment: HCPCS <input type="text"/>		Purchase Price \$ <input type="text"/>		Rental Price \$ <input type="text"/>		Length of Medical Necessity <input type="text"/> (Days)	
**Ordering Physician: Plan ID <input type="text"/>		Last Name <input type="text"/>		First Name <input type="text"/>		City <input type="text"/>	
<input type="button" value="Add"/>							
** All or none of the information is required for the line or group.							

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount
1	6/1/2019	6/30/2019	99	H0018						0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31 UN	3,000.00											
Totals:																							\$3,000.00	\$0.00		

This page will display the claim information for your final review. Next to each line line is a image of a pencil and this is the "Edit" tool. If you need to make a change click on the "pencil" and make the correction. If the claim meets your approval, Click the Submit button to transmit your claim.



DFSM Provider Education and Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Questions?

Thank You.