



Behavioral Health Residential Facility

AHCCCS Medical Policy Manual - Policy 320-V

DFSM Provider Training Department
Fall 2020



Please note that these materials are designed for Fee-for-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

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AHCCCS Complete Care Plans (ACC) & Behavioral Health Residential Facility

AHCCCS Complete Care (ACC) Health Plans & BHRFs

AHCCCS Complete Care (ACC) began on October 1, 2018. This new integrated system will join physical and behavioral health services together to treat all aspects of our members' health care needs under a chosen health plan. AHCCCS Complete Care encourages more coordination between providers within the same network which can mean better health outcomes for members.

Members that are enrolled in an ACC Health Plan are **not** managed by the AHCCCS Division of Fee-for-Service Management (DFSM).

For members enrolled in an ACC Health Plan, **BHRF Providers must contact the ACC plan for prior authorization and claim submission requirements.**

AHCCCS Complete Care Health Plans

North GSA (Apache, Coconino, Mohave, Navajo and Yavapai Counties):	Care1st and Steward Health Choice Arizona
Central GSA (Maricopa, Gila and Pinal Counties):	Banner University Family Care, Care1st, Steward Health Choice Arizona, Mercy Care , Arizona Complete Health, Magellan Complete Care, United Healthcare Community Plan (UHCCP)
South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties):	Banner University Family Care, Arizona Complete Health, United Healthcare Community Plan (Pima County only)

Member Verification Responsibility

Member Verification is Your Responsibility!

AHCCCS recommends that all providers utilize the eligibility and enrollment verification options provided directly by AHCCCS to verify the member's current eligibility and enrollment status. Even if a member presents an AHCCCS ID card or a decision letter from an eligibility agency, status may change at any time.

Providers may use any one of several verification processes to obtain eligibility, enrollment, CRS, and Medicare/TPL information (if available).

- Member verification may be verified using the AHCCCS Online Portal at: <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>
- To create an account click on the URL and follow the prompts.
- Interactive Voice Response system (IVR) at: Phoenix (602) 417-7200, all others 1-800-331-5090

Member Enrollment and Health Plan Responsibility

- **Title XXI (KidsCare) members enrolled in an AHCCCS Complete Care (ACC) Health Plan:**
 - Providers must contact the ACC Health Plan for PA and billing questions.
- **American Indian members enrolled in the AHCCCS American Indian Health Program (AIHP):**
 - Providers must request authorization from the AHCCCS PA unit and submit claims to AHCCCS Fee for Service.
- **American Indian members enrolled in an AHCCCS Complete Care (ACC) Health Plan:**
 - Providers must contact the ACC Health Plan for authorization and claim submission guidelines.

AMPM Policy 320-V BHRF

Behavioral Health Residential Facility

A.A.C. R9-101

Behavioral Health Residential Facility (BHRF)

As Specified in *Arizona Administrative Code* - A.A.C. R9-10-101, a BHRF is a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent or causes the individual to require treatment to maintain or enhance independence.



AMPM Policy 320-V

Behavioral Health Residential Facility

- AHCCCS Prior Authorization Requirements
- Criteria for Admission
- Behavioral Health Assessment
- Treatment / Expected Treatment Outcomes
- Criteria for Continued Stay
- Discharge Readiness / Planning
- BHRF / Personal Care Services

Behavioral Health Residential Facility Prior Authorization Information

Effective 4/1/2019, all admissions and continued stays at a Behavioral Health Residential Facility (BHRF - Provider Type B8) for members enrolled in the American Indian Health Plan (*plan ID 999998*) and Tribal Regional Behavioral Health Authority (TRBHA) will require a Prior Authorization for the admission and continued stay beyond the initial prior authorized / approved dates.

At the implementation of the prior authorization requirement, BHRFs were required to submit a prior authorization request for any members that were currently receiving behavioral health services in a BHRF prior to April 01, 2019 . The PA had to be submitted for approval of the members' continued stay by May 31, 2019.

Note: Per Title 9 A.A.C. R9-22-201 A prior authorization is not a guarantee of payment.

Behavioral Health Residential Facility Prior Authorization Information

All types of medical, clinical and behavioral health documentation can be uploaded to link with the prior authorization using the AHCCCS Online Provider Portal.

Examples of documentation that can be uploaded include:

- Behavioral Health Assessment Form(s)
- Updated Treatment Plans
- Continued Stay Requests
- Discharge Planning Documentation

Note: Providers may also use the AHCCCS Online Provider Portal to check the status of their prior authorization requests. This includes viewing any additional comments that may have been entered by the prior authorization staff.

Prior Authorization and Indian Health Services (IHS)/Tribal 638 BHRFs

Behavioral Health Residential Facilities that are designated as an Indian Health Services (IHS) facility, or a Tribal 638 facility being operated by a Tribe or Tribal organization, **do not require** prior authorization.

No Prior Authorization is required for IHS/638 facilities, for members enrolled under Title XIX.

Behavioral Health Residential Facility Mandatory Notification Process

Contractors and BHRF providers shall ensure appropriate notification is sent to the Primary Care Physician and Behavioral Health Provider/Agency/TRBHA/Tribal ALTCS program upon *intake to and discharge from the BHRF.*

BHRF Admissions Guidelines
Direct Admissions from a BIHF
Crisis Services
Urgent Admissions

Behavioral Inpatient Health Facility (BHIF) Direct Admissions to a BHRF

- If member is admitted directly from a BHIF, the Crisis System, or the Pre-Admission Evaluation determines that the member needs an urgent admission, Prior Authorization is not required.
- BHRF shall submit the Behavioral Health Residential Facility Admission Notification Form via the AHCCCS Online Provider Portal.
- DFSM will authorize up to initial 5 days for this type of admission. BHRFs shall submit all required documentation to receive Prior Authorization beyond the 5th day.

Direct Admissions to a BHRF From a Behavioral Inpatient Health Facility (BHIF)

- Continued stay requests beyond the 5TH day will require a prior authorization request via the AHCCCS Online Provider Portal, and these must include all clinical documentation necessary to support the need for the BHRF stay.
 - Note: The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization (Title 9 A.A.C. 22)
- Prior Authorization information for BHRFs can be found at:
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPARRevisedAMPM320VGuidance.docx>

<https://www.azahcccs.gov/PlansProviders/Downloads/PriorAuthorizations/BHRFAdmissionNotificationForm.pdf>

Behavioral Health Assessment

Behavioral Health Residential Facility (BHRF) Notification of Admission

Admission documentation that is required for the prior authorization request includes:

- Behavioral Health Assessment in compliance with Title 9 Arizona Administrative Code , Chapter 10 (A.A.C.), to determine Behavioral Health Condition and Diagnosis. “Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient” (R9-10-101); and
- Assessment should be recent and not older than 1 year, and performed prior to the BHRF admission; and

Behavioral Health Residential Facility (BHRF) Notification of Admission (Continued...)

Admission documentation that is required for the prior authorization request includes:

- The assessment can be done by a Behavioral Health Professional (BHP) or by a Behavioral Health Technician (BHT) and co-signed by a BHP; and
- Utilize standardized instrument that is able to determine the appropriate level of care needed by the patient; and
- Prior Authorization Request shall be submitted prior to the planned admission date; and
- Initial Prior Authorization may be issued for the period of up to 90 days based on member need and documentation.

Treatment Plan

Behavioral Health Residential Facility (BHRF) Treatment Plan

Treatment Plan – Completed in compliance with Title 9 Arizona Administrative Code (A.A.C.) Chapter 10, by the Inpatient, Outpatient or Tribal Regional Behavioral Health Authority (TRBHA) Treatment Team. For the purposes of this policy and training, it is a complete written description of all services to be provided by the BHRF.

- The Treatment Plan shall be based on the intake assessments and outpatient Service Plan.
- Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Assessment.
- This treatment plan shall not be older than 3 months from the request submission date to the BHRF.

Behavioral Health Residential Facility Responsibility of Care and Services

The Behavioral Health Residential Facility maintains core responsibility for the member's medically necessary services in alignment with AMPM Policy 320-V and the facility's license.

If an outpatient behavioral health clinic is also asked to provide services to a member who is receiving services from the BHRF, the BHRF must provide the member's assessment and treatment plan in order to ensure appropriate care coordination is occurring (i.e. to avoid duplication of services, as well as ensuring the behavioral health outpatient clinic is only providing the "Specialty" services, not being provided by the BHRF) as indicated in the member's assessment and treatment plan.

Behavioral Health Residential Facility Admission Overview

AMPM Policy 320-V

Criteria for BHRF Admission - AMPM Policy 320-V

BHRF providers providing services to Fee for Service members are required to adhere to the elements listed in AMPM Policy 320-V Behavioral Health Residential Facility.

1. Member has a diagnosed Behavioral Health Condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The Behavioral Health Condition causing the significant functional and/or psychosocial impairment shall be evidenced in the assessment by the following:

Criteria for BHRF Admission - AMPM Policy 320-V

- A. At least one area of significant risk of harm within the past three months as a result of:
- i. Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent;
 - ii. Impulsivity with poor judgment/insight;
 - iii. Maladaptive physical or sexual behavior;
 - iv. Member's inability to remain safe within his or her environment, despite environmental supports(i.e. Natural Supports); or
 - v. Medication side effects due to toxicity or contraindications.

Criteria for BHRF Admission - AMPM Policy 320-V

- B. At least one area of serious functional impairment as evidenced by:
- i. Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s);
 - ii. Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition or medical care;
 - iii. Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders;
 - iv. Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, and long-acting injectable medications; or
 - v. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.

Criteria for BHRF Admission - AMPM Policy 320-V

- C. A need for 24 hour behavioral health care and supervision to develop adequate and effective coping skills that will allow the member to live safely in the community;
- D. Anticipated stabilization cannot be achieved in a less restrictive setting;
- E. Evidence that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care; and
- F. Member agrees to participate in treatment. In the case of minors, family/guardian/designated representative also agrees to and participates as part of the treatment team.

Behavioral Health Residential Facility Continued Stay Overview

AMPM Policy 320-V

BHRF Criteria for Continued Stay

Continued stay shall be assessed by the BHRF staff and as applicable by the Child and Family Team (CFT), Adult Recovery Team (ART), Tribal Regional Behavioral Health Authority (TRBHA) during the Treatment Plan review and update.

Progress towards the treatment goals and continued display of risk and functional impairment shall also be assessed.

Treatment interventions, frequency, crisis/safety planning, and targeted discharge shall be adjusted accordingly to support the need for continued stay.

BHRF Criteria for Continued Stay

The following criteria shall be considered when determining continued stay:

- The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition.
- Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.
- BHRF request for a Continued Stay should be submitted to PA at least two weeks prior to the last approved prior authorized date of the BHRF stay.

BHRF Continued Stay

The following criteria shall be considered when determining continued stay (continued)

- The Prior authorization online portal does not allow changes to a prior authorization that has been changed from a “Pend” to an “Approved” status by the PA team.
- A request to extend the current authorization can be done by using the AHCCCS Online Provider Portal. To update go to a Prior Authorization Tab along the Menu and search for the Prior Authorization Case. Select the appropriate Case/PA number and then click on the “Attachment” tab.
- Include all documents that support the continued stay request; the dates of services, make sure all documents are signed and dated by the appropriate BHS professional(s) and scanned into your electronic device or computer to upload to the prior auth.

Behavioral Health Residential Facility Discharge Readiness Overview

AMPM Policy 320-V

E. Discharge Readiness

BHRF services provided to Fee for Service (FFS) members are required to adhere to the minimum discharge elements below.

- Important: Discharge planning shall begin at the time of admission.

R9-10-101 Definition – “ Discharge planning” means a process of establishing goals and objectives for a patient in preparation for the patient’s discharge

Discharge readiness shall be assessed by the BHRF staff and as applicable by the Child and Family Team (CFT), Adult Recovery Team (ART), Tribal Regional Behavioral Health Authority (TRBHA) during each Treatment Plan review and update.

E. Discharge Readiness (continued)

The following criteria shall be considered when determining discharge readiness:

- Symptom or behavior relief is reduced as evidenced by completion of Treatment Plan goals.
- Functional capacity is improved; essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care.
- Member can participate in needed monitoring or a caregiver is available to provide monitoring in a less restrictive level of care.
- Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.

Behavioral Health Residential Facility Admission, Assessment, Treatment and Discharge Planning Summary

AMPM Policy 320-V

F. Admission, Assessment, Treatment and Discharge Planning

BHRF Providers rendering services to FFS members shall follow the below outlined admission, assessment, treatment and discharge planning requirements.

- 1. Except as provided in subsection R9-10-707(A)(9), a behavioral health assessment for a member shall be completed before treatment is initiated and within 48 hours of admission.
- 2. The CFT/ART/TRBHA/Tribal ALTCS shall be included in the development of the Treatment Plan within 48 hours of admission for members enrolled with a Contractor.
- 3. All BHRFs serving TRBHA or Tribal ALTCS members shall coordinate care with the TRBHAs or Tribal ALTCS programs throughout the admission, assessment, treatment, and discharge process.

F. Admission, Assessment, Treatment and Discharge Planning

- 4. The Treatment Plan shall connect back to the member's comprehensive Service Plan for members enrolled with a Contractor.
- 5. A comprehensive discharge plan shall be created during the development of the initial Treatment Plan and shall be reviewed and/or updated at each review thereafter. The discharge plan shall document the following:
 - a. Clinical status for discharge,
 - b. Member/health care decision maker and designated representative and, CFT/ART/TRBHA/Tribal ALTCS understands follow-up treatment, crisis and safety plan, and
 - c. Coordination of care and transition planning are in process (e.g. reconciliation of medications, applications for lower level of care submitted, follow-up appointments made, identification of wrap around supports and potential providers).

F. Admission, Assessment, Treatment and Discharge Planning

- 6. The BHRF staff and the CFT/ART/TRBHA/Tribal ALTCS shall meet to review and modify the Treatment Plan at least once a month.
- 7. A Treatment Plan may be completed by a BHP, or by a BHT with oversight and signature by a BHP within 24 hours
- 8. Implementation of a system to document and report on timeliness of BHP signature/review when the Treatment Plan is completed by a BHT.
- 9. Implementation of a process to actively engage family/health care decision maker and designated representative in the treatment planning process as appropriate

F. Admission, Assessment, Treatment and Discharge Planning

- 10. Clinical practices, as applicable to services offered and population served, shall demonstrate adherence to best practices for treating specialized service needs, including but not limited to:
 - a. Cognitive/intellectual disability,
 - b. Cognitive disability with comorbid Behavioral Health Condition(s),
 - c. Older adults, and Co-Occurring disorders (substance use and Behavioral Health Condition(s), or
 - d. Comorbid physical and Behavioral Health Condition(s).

F. Admission, Assessment, Treatment and Discharge Planning

- 11. Services deemed medically necessary through the assessment and/or CFT/ART/ TRBHA/Tribal ALTCS which are not offered at the BHRF, shall be documented in the Service Plan and documentation shall include a description of the need, identified goals and identification of provider meeting the need.

Services Included in the Behavioral Health Residential Facility Daily Per Diem

Services Included in the BHRF Per Diem Rate

The following services shall be made available and provided by the BHRF and cannot be billed separately, unless otherwise noted below:

A. Counseling and Therapy (group or individual):

- Group Behavioral Health Counseling and Therapy may not be billed on the same day as BHRF services, unless specialized group behavioral health counseling and therapy have been identified in the Service Plan as a specific member need that cannot otherwise be met as required within the BHRF setting;

Services Included in the BHRF Per Diem Rate

B. Skills Training and Development:

- i. Independent Living Skills (e.g. self-care, household management, budgeting, avoidance of exploitation/safety education and awareness);
- ii. Community Reintegration Skill building (e.g. use of public transportation system, understanding community resources and how to use them); and
- iii. Social Communication Skills (e.g. conflict and anger management, same/opposite-sex friendships, development of social support networks, recreation).

Services Included in the BHRF Per Diem Rate

C. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services including but not limited to:

- i. Symptom management (e.g. including identification of early warning signs and crisis planning/use of crisis plan);
- ii. Health and wellness education (e.g. benefits of routine medical check-ups, preventive care, communication with the PCP and other health practitioners);
- iii. Medication education and self-administration skills;
- iv. Relapse prevention;

Services Included in the BHRF Per Diem Rate

- v. Psychoeducation Services and Ongoing Support to Maintain Employment Work/ Vocational skills, educational needs assessment and skill building;
- vi. Treatment for Substance Use Disorder (e.g. substance use counseling, groups); and
- vii. Personal Care Services (see additional licensing requirements in A.A.C. R9- 10- 702, R9-10-715, R9-10-814).

PMMIS System Update: BHRF Provider Type B8 (only) - 07/15/2019 Notification

HCPCS CODES

- H0031 – Mental Health Assessment by non-physician.
- H2019 – Therapeutic behavioral services, per diem.

NOTE: This is not representative of a policy or billing change, and is only a system update.

Behavioral Health Residential Facilities Notification Constant Contact Notification Release: 07/15/2019

Important: Effective 07/15/2019 AHCCCS Administration has closed HCPCS codes H0031 and H2019 for the Behavioral Health Residential Facility (BHRF), Provider Type B8 in our system.

It previously came to AHCCCS' attention that HCPCS codes H0031 (MENTAL Health Assessment, by non-physician) and H2019 (Therapeutic Behavioral Services, per 15 minutes) were being submitted by Behavioral Health Residential Facilities (Provider Type B8), in addition to the BHRF per diem HCPCS code H0018.

- BHRFs receive a per diem rate for the provision of behavioral health services, and per policy, the per diem rate includes Mental Health Assessment and Therapeutic Behavioral Services as part of that rate.

Behavioral Health Residential Facilities Notification Constant Contact Notification Release: 07/15/2019

If there are circumstances in which other medically necessary specialized services are required, that cannot be performed by the BHRF, these services are to be billed by the provider/facility who performed the service and should not be billed by the BHRF.

The specialized service(s) type, and the name of the provider rendering these services must be included in the member's treatment/service plan.

This is not representative of a policy or billing change, and is only a system update. For additional information please review [AMPM Policy 320-V, Behavioral Health Residential Facilities](#).

Behavioral Health Residential Facility Personal Care Services Policy 9 A.A.C. 10 Article 7

Behavioral Health Residential Facilities Personal Care Services

Effective for dates of service 10/1/2019 - Behavioral Health Residential Facilities (BHRFs) that are also licensed through the Arizona Department of Health Services (ADHS) to provide personal care services may begin billing for H0018 (Behavioral health; short term residential, without room and board, per diem) with the TF modifier for personal care services.

Services that may be provided under Personal Care Services may include (but are not limited to) blood sugar monitoring, bed baths, application and care of prosthetic and orthotic devices, use of pad lifts, respiration monitoring, catheter care, etc.

- Providers should view AMPM Policy 320-V section H for additional information about BHRFs and Personal Care Services.

Behavioral Health Residential Facilities

Personal Care Services

R9-10-715. Physical Health Services

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

- Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
- Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and
- A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

Behavioral Health Residential Facility Personal Care Services

H. BHRF with Personal Care Services

- BHRFs licensed to provide Personal Care Services shall offer services in accordance with A.A.C R9-10-702 and A.A.C R9-10-715. Contractors and BHRF providers shall ensure that all identified needs can be met in accordance with A.A.C. R9-10-814 (A)(C)(D) and (E). Some examples of services are; blood sugar monitoring, application and care of orthotic and prosthetic devices, application of topical medications, use of pad lifts, respiration and radial pulse monitoring.
- Refer to the AMPM Policy 320-V Section H for a list of examples of services that may be provided as Personal Care Services.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320V.pdf>

Behavioral Health Residential Facility and Personal Care Services

Any member receiving personal care services must have had an assessment by a medical provider indicating that the member's condition requires assistance with personal care.

Reminders:

- BHRF must be licensed by Arizona Department of Health Services (ADHS) to provide personal care services.
- The need for personal care services must be documented in the members assessment and service/treatment plan and identify the specific personal care services required by the member.
- HCPCS code H0018 with the TF modifier (intermediate level of care).

Claim Submission

BHRF Claim Submission

- Care and Services provided in a BHRF are based on a per diem rate (24 hour day). Prior and continued authorization do not include room and board.
- Criteria for admission and continued stay will be detailed in the new [AMPM Policy 320-V – Behavioral Health Residential Facilities](#).
 - **Form Type:** CMS 1500 Professional Form
 - **HCPCS Code:** H0018
 - **Modifier:** TF may be billed only when the BHRF is licensed by ADHS for personal care services and the services are included in the member's service plan.

DFSM Provider Training Resources

Behavioral Health Residential Facility Resources

AHCCCS Medical Policy Manual (AMPM) 320-V, Behavioral Health Residential Facilities:

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320V.pdf>

Arizona Administrative Code (9 A.A.C.10):

- https://apps.azsos.gov/public_services/Title_09/9-10.pdf

AHCCCS BHRF Prior Authorization Requirements:

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPARevisedAMPM320VGuidance.docx>

DFSM and AHCCCS Training Contacts & Resources

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Prior Authorization Web Page:

- [What is Prior Authorization](#)

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@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.

DFSM Training Contacts & Resources

For technical assistance regarding claims issues and training, please email:

- ProviderTrainingFFS@azahcccs.gov

Provider Training Web Page:

- [Division of Fee-For-Service-Management: Training Resources](#)

AHCCCS Claims Clues:

- [AHCCCS Claims Clues](#)

Sign Up for the AHCCCS DFSM Email Alerts:

- [DFSM Email Alerts Sign Up](#)

AHCCCS Web Pages

- [AHCCCS Online Provider Portal](#)
- [AHCCCS Claims Clues Web Page](#)
- [AHCCCS FFS BH Outpatient Rates](#)
- [Provider Updates Webpage](#)
- <https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/BehavioralHealthServicesMatrix.xlsx>

Questions?