Behavioral Health Residential Facilities (BHRF)
Prior Authorization Submissions on the AHCCCS Online Provider Portal

June 2021
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).
About This Presentation

This course is designed to cover the technical aspect of how to submit a Prior Authorization request using the AHCCCS Online Provider Portal for BHRFs.

- Please note that this training does not cover specifics on Prior Authorization Requirements for a BHRF. Those can be found on the DFSM Prior Authorization web page.

If you have any questions about this presentation, please email the provider training team at: providertrainingffs@azahcccs.gov
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
- Behavioral Health Residential Facility AMPM 320-V Guidance
- Non Emergency Acute Inpatient Admissions
Behavioral Health Residential Facility (BHRF)

Documentation must be submitted prior to the BHRF admission.

1. If the admission is urgent and documents are from the Crisis Clinic or the member’s treating provider, or from the TRBHA, then admission notification must be sent to AHCCCS DFSM on the day of the admission. See form here.

2. Admission date must be written on the documents.

3. The documents must be completed by the outpatient or inpatient treatment team (not the admitting BHRF) and must include:
   a) Behavioral Health Assessment done by the BHP or cosigned by the BHP
   b) Treatment Plan that has recommendation for the member to be admitted to the BHRF.

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;
• Provider Billing Manual instructions; 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

1. 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](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](https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/forms.html)
How to Submit a BHRF Prior Authorization Request Using the AHCCCS Online Provider Portal
Step 1: Sign In. The user **must** have a valid Username and Password.

Enter the following information:

- **Username**
- **Password**
- **Sign-In**
**Main Page**

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

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**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.
There are *three* Steps to Create a Prior Authorization Case Type.
Step 1: PA Case Creation

Completing the Prior Authorization
On the Menu tab 1) select “Prior Authorization Submission” and 2) at the bottom of this page click on the “Prior Authorization Submission” tab again.
## Prior Authorization Search

### PA Recipient/Case Search

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search System:</td>
<td>ACUTE</td>
<td>The AHCCCS member ID is the recommended Search By option.</td>
</tr>
<tr>
<td>Search By:</td>
<td>AHCCCS ID</td>
<td>(Ex. A12345678)</td>
</tr>
<tr>
<td>AHCCCS ID:</td>
<td>A12345678</td>
<td>Click the down arrow to select the provider NPI or 6 digit provider ID number.</td>
</tr>
<tr>
<td>Service Provider ID:</td>
<td>--- SELECT ---</td>
<td>(Format: MM/DD/YYYY)</td>
</tr>
<tr>
<td>Begin Date Of Service:</td>
<td>MM/DD/YYYY</td>
<td>(Format: MM/DD/YYYY)</td>
</tr>
<tr>
<td>End Date Of Service:</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

**Hint:** to obtain the maximum number of search results, provide data only for required fields.

* Indicates a required field.
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.

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. 12/31/2020). The actual end date of service will be entered on the Event List tab.

** Indicates a Required Field

AHCCCS ID: A12345678
Service Provider ID: 111111
Provider Contact Name: B.H.R.F.
Contact Phone Number: 602-417-4900
Effective Begin Date: 04/01/2020
Effective End Date: 12/31/2020
Description: BHRF

The actual Effective End Date for the PA Request will be entered on the next PA screen.

After entering the Case Information select the Next tab.
At the end of each step in the PA submission process the “Verify Information” page will appear. If the information entered is correct press the “Submit” button. If you need to correct an error, click the “Edit” button, make the correction, then click the “Submit” button to go to the next step in the PA submission process.
The next step in the process is to enter the Event information. Under the Case No. select the appropriate Case or PA number. (example 000000001).

Under Case List, the message “Transaction Succeeded” will appear in “Red” indicating that a new case list for the member has been completed.

NOTE: Approved PA cases cannot be updated online.
Step 2: Event Type

Add New Event
After selecting the Case/PA number, the system will move to the **Event List Screen**. In this example, there are **“No Records Found”** so the event information must be added. Click on the **“Add New Event”** tab to move to the next step.
The Event Begin date is the Admission Date.

**NOTE:** A valid ICD-10 Mental, Behavioral, or Neurodevelopment Disorder Diagnosis is required for the PA. The BH Diagnosis codes range is (F01 thru F99).

- Enter the Begin & End Dates of Service for the Prior Authorization Request
- List the Primary Diagnosis Code
- Enter the Description

Select Next once all information has been entered
Verify Event Information - If the Event information is correct, Click the Submit button to proceed.
If a correction is needed, click the Edit button, correct the field, then Click the Submit button to accept the updated changes.
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.

The option to add an Attachment is located on the Event List tab only.
From the Event List page, Click “Attachments” to upload documentation.
The PA Attachment screen will appear.
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.

3. After attaching the file(s) you must select the **Upload Attachment** button.

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**AHCCCS ID:** A12345678

**Name:** AHCCCS, BUDDY

**DOB:** MM/DD/YYYY

**Gender:**

**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

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**Request Types:** BH AIHP

**Select file to upload:** K:\BHRF ONL NE SUBMISSION.pbx

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**Pending Attachments**

***NO PENDING ATTACHMENT(S) FOUND***

**Submitted Attachments**

***NO SUBMITTED ATTACHMENT(S) FOUND***
You will see a message confirming “File Successfully Uploaded”. NOTE: The file is NOT yet attached!!!!

You still must Click “Submit”
One you have clicked on “Submit” you will see:

1) The message “Attachments successfully submitted for processing”;
2) No files under “Pending Attachments” and
3) The submitted attachment name will appear under “Submitted Attachment”
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. We still need to enter the actual CPT/HCPCs information.
Step 3: Activity Type

Adding Activity Codes
Completing the Prior Authorization
To add the Activity Codes (CPT/HCPCS), click the **Sequence Number** next to the date span that you want to add.

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

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.

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**

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

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Activity Type</th>
<th>Activity Code</th>
<th>HCPCS</th>
<th>Allowed Units</th>
<th>Units Used</th>
<th>Status</th>
<th>Reason</th>
<th>Unit/Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>HCPCS</td>
<td>H0018</td>
<td></td>
<td>90.00</td>
<td>0.000</td>
<td>PENDED</td>
<td>PH009</td>
<td>201.900</td>
</tr>
</tbody>
</table>

**ADD NEW ACTIVITY**
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.
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](mailto:FFSRates@azahcccs.gov)

• **Coding** - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto: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](mailto: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:

- 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.
Technical Questions?

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

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov
Policy Information

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 Medical Policy Manual
• https://www.azahcccs.gov/shared/MedicalPolicyManual/

AMPM 320-V, Behavioral Health Residential Facility
Questions?
Thank You.