About this Presentation

This tutorial will cover How to Submit a Prior Authorization Request using the AHCCCS Online Provider Portal. This information is designed for the Fee-for-Service programs only including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHA), and Tribal Arizona Long Term Care Services (ALTCS).

To access the Online Provider Portal or to register for an online user account, click the link below and follow the registration prompts under “Register for an online account”.


If you have any questions about this presentation please email the provider training team at providertrainingffs@azahcccs.gov
What is a Prior Authorization?
What is a Prior Authorization?

Prior Authorization (PA) is a process in which a health plan determines in advance whether a service (one that requires prior approval) will be covered, based on the initial information received.

A prior authorization may be granted provisionally (as a temporary authorization) pending the receipt of required documentation to substantiate compliance with AHCCCS criteria.
Prior Authorization Does NOT Guarantee Payment

Granting Prior Authorization (PA) does not guarantee payment.

Reimbursement is based on the accuracy of the information received with the original prior authorization request, if the service is substantiated through concurrent and/or medical review, and if the claim meets claims submission requirements.

In addition, the claim must meet all AHCCCS criteria including, but not limited to, clean claim and timely filing requirements.

The service must also be rendered by an AHCCCS-registered provider. Any referring, ordering, prescribing, or attending provider must be an AHCCCS-registered provider.
Where Can I Find Updated PA Requirements?

Up-to-date AHCCCS Prior Authorization (PA) requirements for the Division of Fee-for-Service Management (DFSM) are outlined in the following areas:

- AMPM 820, FFS Prior Authorization Requirements
- FFS Prior Authorization Web Page
- Chapter 8, Prior Authorizations, of the FFS Provider Billing Manual
PA Services That Are Not Handled by DFSM

The following services are not handled by DFSM. Providers must contact the appropriate entity for authorization:

• Non-Acute Services for Tribal ALTCS Program members - contact Tribal Case Manager.

• Transplant Services - contact Medical Management in the AHCCCS Division of Health Care Management (DHCM).

• Prescription Medication - contact the contracted Pharmacy Benefit Manager (PBM), Optum Rx at (855) 577-6310.

• Behavioral Health prior authorization requests for Acute FFS members that are assigned to a RBHA – contact the RBHA.
Additional Prior Authorization Requirements

Prior Authorization is issued for AHCCCS covered services within certain limitations, based on the following:

- The member’s AHCCCS eligibility;
- Provider status as an AHCCCS-registered FFS provider;
- The service requested is an AHCCCS covered service requiring PA;
- Information received from the provider meets the requirements for issuing a PA number;
- The service requested is not covered by another primary payer (e.g., commercial insurance, Medicare, other agency).
Services That Do Not Require a Prior Authorization

Prior Authorization is not required for the following services:

• Emergency services;
• Federal Emergency Service Program (FESP) Members*,
• IHS or Tribal 638 services for Fee-for-Service, Title XIX members,
• IHS or Tribal 638 non-pharmacy services for Title XXI (KidsCare) members,
• Services provided prior to the posting of the member’s retroactive eligibility,
• Emergency transportation,
• Non-emergency medical transportation under 100 miles,
• Purchase of medical equipment <$300.00 and supplies <$100.00

*Extended services enrollment is required for coverage of Outpatient Dialysis for FESP members.
Services That Do Not Require a PA (Continued)

Prior Authorization is not required for the following services:

• Services provided during a member's Retroactive Eligibility Period,
• When other coverage is primary, e.g.: Medicare or Commercial Insurance
• Emergency Medical Hospitalization less than <72 hours in duration,
• Emergency Admission to Behavioral Health Level 1 Inpatient facility requires AHCCCS notification within 72 hours from admission and concurrent review every 7 days,
• Diagnostic procedures, e.g., EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies, cardiac catheterization
• Non–Surgical Procedures, e.g., PICC Line/Central Line removal or placement, PEG removal, Blood Transfusions
• Outpatient Chemotherapy and Non IMRT Radiation
Services That Do Not Require A PA (continued)

Prior Authorization is not required for the following services:

• Emergency Dental and Dental Services for Members < 21 years old (AMPM Ch. 400), Some dental services for members < 21 do require prior authorization – see Ch 431 & Ch 820,
• Emergency Dental Services for Members age 21 years and older up to the $1000 limit (AMPM Policy 310-D1),
• Eye Glasses for members < 21 years old,
• Family Planning Services,
• Physician Consultations and Office Visits,
• Prenatal Care

Note: This is not a comprehensive list.
Services That Require a Prior Authorization

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
- Level I Behavioral Health Inpatient Facility and RTC Admissions
- Non-emergency and elective admissions (scheduled) Hospitalizations
- Elective Surgeries
Services That Require a PA (continued)

Services that require Prior Authorization:

- Medical Equipment (DME) > $300.00
- Medical Supplies (consumable) >$100.00 and all rentals and repairs.
- Home Health
- Hospice
- Skilled Nursing Facility
- Non-Emergency Transportation single or round trip >100 miles.

For urgent requests please see:

- https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/submissionprocess.html
Prior Authorization for IHS and 638 Providers and Facilities
Prior Authorization for IHS and 638 Providers and Facilities – Title XIX Members

Prior Authorization is not required for Title XIX Medicaid members that receive services at an IHS or 638 facility or clinic.
Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

*Title XXI (KidsCare)* members and *Tribal ALTCS/ALTCS members* may require prior authorization for certain services.

- For prior authorization of services for Title XXI (KidsCare) members enrolled in an AHCCCS Complete Care (ACC) Health Plan please contact the ACC Health Plan in question.
## Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

<table>
<thead>
<tr>
<th>ACC Health Plans</th>
<th>Website</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care1st Health Plan</td>
<td><a href="http://www.care1staz.com">www.care1staz.com</a></td>
<td>1-866-560-4042</td>
</tr>
<tr>
<td>Magellan Complete Care</td>
<td><a href="http://www.mccofaz.com">www.mccofaz.com</a></td>
<td>1-800-424-5891</td>
</tr>
<tr>
<td>Mercy Care</td>
<td><a href="http://www.mercycareaz.org">www.mercycareaz.org</a></td>
<td>1-800-624-3879</td>
</tr>
<tr>
<td>Banner-University Family Care</td>
<td><a href="http://www.bannerufc.com/acc">www.bannerufc.com/acc</a></td>
<td>1-800-582-8686</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td><a href="http://www.uhccommunityplan.com">https://www.uhccommunityplan.com</a></td>
<td>1-800-348-4058</td>
</tr>
<tr>
<td>Arizona Complete Health-Complete Care Plan</td>
<td><a href="http://www.azcompletehealth.com/completecare">www.azcompletehealth.com/completecare</a></td>
<td>1-888-788-4408</td>
</tr>
</tbody>
</table>
Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

For *Title XXI (KidsCare) members enrolled in the American Indian Health Program (AIHP)* and receiving services at an IHS or 638 facility:

- For pharmacy related services please contact the Pharmacy Benefit Manager (PBM), which is OptumRx, for Prior Authorization requirements.
- For all other services, no PA is required.
## Prior Authorization for IHS and 638 Providers and Facilities – Grid

<table>
<thead>
<tr>
<th>Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider</th>
<th>Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider</th>
<th>Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title XIX Members</strong></td>
<td>No PA Required</td>
<td>PA may be required</td>
</tr>
<tr>
<td><strong>Title XXI (KidsCare) Members enrolled in an AHCCCS Complete Care (ACC) health plan</strong></td>
<td>Contact the ACC health plan for PA requirements</td>
<td>PA may be required from the ACC health plan</td>
</tr>
<tr>
<td><strong>Title XXI (KidsCare) Members enrolled in AIHP</strong></td>
<td>No PA Required for nonpharmacy services. Contact the PBM for PA requirements for pharmacy services.</td>
<td>PA may be required from the AHCCCS Administration</td>
</tr>
<tr>
<td><strong>ALTCS Members</strong></td>
<td>PA may be required from the Case Manager</td>
<td>PA may be required from the Case Manager</td>
</tr>
<tr>
<td><strong>Tribal ALTCS Members</strong></td>
<td>PA may be required from the Tribal Case Manager</td>
<td>PA may be required from the Tribal Case Manager</td>
</tr>
</tbody>
</table>
Preferred Method of Submission
Preferred Method of Submission

Use of the [AHCCCS Online Provider Portal](#) is the preferred method of submitting prior authorization requests for Fee-For-Service members. Online submission allows PA staff to process authorization requests efficiently and quickly.

Authorization requests automatically generate a Pended Authorization or Case Number. Providers may also submit required documentation for the PA request using the [Attachment](#) link on the Event List page.

If submission for a Prior Authorization request or Documentation is not possible due to internet outage or other unforeseen events, the [Prior Authorization Request Form](#) must be utilized and faxed to the PA Department.
Preferred Method of Submission

Prior Authorization status should be checked using the AHCCCS Online Provider Portal.

- Providers who would like immediate information, can access the provisional authorization number and track the authorization status in real time on the AHCCCS Online Provider Portal.

- Providers can also review any comments entered by the PA staff directly on the AHCCCS Online Provider Portal on the Event List tab.

- NOTE: Prior authorization staff no longer provide authorization status, updates or issue standard authorizations over the phone.
AHCCCS Online Provider Portal
How to Access the Online Provider Portal

Option 1: Navigate to the AHCCCS website, select Plans/Providers tab, then click on AHCCCS Online.

Option 2: Providers may also access the AHCCCS Online Provider Portal directly at:
https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
To set up an account, click on the Register link and follow the instructions.

*Note: Providers must have a valid username and password.*
On the Welcome to the FFS Prior Authorization Web Portal page, select Prior Authorization Submission on the menu tab and at the bottom of the page.

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

Complete all fields with a red asterisk and include dates of services if applicable.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search System:*</td>
<td>ACUTE</td>
<td></td>
</tr>
<tr>
<td>Search By:*</td>
<td>AHCCCS ID</td>
<td></td>
</tr>
<tr>
<td>AHCCCS ID:*</td>
<td>A11671912</td>
<td>(Ex. A12345678)</td>
</tr>
<tr>
<td>Service Provider ID:*</td>
<td>007835</td>
<td>(Format: MM/DD/YYYY)</td>
</tr>
<tr>
<td>Begin Date Of Service:</td>
<td>12/24/2019</td>
<td>(Format: MM/DD/YYYY)</td>
</tr>
<tr>
<td>End Date Of Service:</td>
<td>06/24/2020</td>
<td></td>
</tr>
</tbody>
</table>

Press "Search" button next to "Clear" button.

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

Case List Screen

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.

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

<table>
<thead>
<tr>
<th>Search Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: 12/24/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case List</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Records Found.</td>
</tr>
</tbody>
</table>

Add New Case

- There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.
- If there are no cases listed, the same steps are taken as adding a new case when clicking “Add New Case”
Case List Screen

If you are requesting a PA and there are existing cases listed, you will select the Case Number that falls within the time frame for the date of service.
# Adding a New Case

## Enter Case Information

* Indicates a required field.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS ID:*</td>
<td>A11671912</td>
</tr>
<tr>
<td>Service Provider ID:*</td>
<td>007835</td>
</tr>
<tr>
<td>Provider Contact Name:*</td>
<td>Training Provider</td>
</tr>
<tr>
<td>Contact Phone Number:*</td>
<td>602-417-4000</td>
</tr>
<tr>
<td>Effective Begin Date:*</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Effective End Date:*</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Description:*</td>
<td>Transportation</td>
</tr>
</tbody>
</table>

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

- Enter the date you want the case to begin.
- Automatically defaults to end of year from begin date.
- Enter a description of service types provided (Ex. Transportation).
Verify Case Information

Add New Case

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

Verify that the information is correct, and select “Submit”

**Verify Case Information**

- **AHCCCS ID:** A11671912
- **Provider ID:** 007835
- **Service Provider NPI:**
- **Provider Contact Name:** Training Provider
- **Contact Phone Number:** 602-417-4000
- **Effective Begin Date:** 03/23/2020
- **Effective End Date:** 12/31/2020
- **Description:** Transportation

Verify that the information is correct, if not click on the edit button to make changes.
Case List Screen

The phrase “Transaction Succeeded” will appear in red indicating that a new case list for this member was completed.

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.

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

<table>
<thead>
<tr>
<th>Search Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date: 12/24/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each case list will be assigned a case number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case No</th>
<th>AHCCCS ID</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Case Status</th>
<th>Case Type</th>
<th>Description</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000864583</td>
<td>A11671912</td>
<td>03/23/2020</td>
<td>12/31/2020</td>
<td>PENDED</td>
<td>PRIOR AUTHORIZATION</td>
<td>TRANSPORTATION</td>
<td>Update</td>
</tr>
</tbody>
</table>

Select the “Case No” of the PA request that you added.
Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

**NOTE:** Approved events cannot be updated online. Please contact the PA Group to update approved events.

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

<table>
<thead>
<tr>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AHCCCS ID:</strong> A11671912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case No:</strong> 000864983</td>
</tr>
</tbody>
</table>

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

* Indicates a required field.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No:*</td>
<td>000864983</td>
</tr>
<tr>
<td>Event Type:*</td>
<td>OTHER TRANSPORT</td>
</tr>
<tr>
<td>Recipient AHCCCS ID:*</td>
<td>A11671912</td>
</tr>
<tr>
<td>Provider Contact Name:*</td>
<td>Training Provider</td>
</tr>
<tr>
<td>Contact Phone Number:*</td>
<td>602-417-4000</td>
</tr>
<tr>
<td>Requested Begin Date:*</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Requested End Date:*</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Admit Date:</td>
<td></td>
</tr>
<tr>
<td>Discharge Date:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Code:*</td>
<td>R58 89</td>
</tr>
<tr>
<td>Description:*</td>
<td>Non-ER Transport</td>
</tr>
</tbody>
</table>

The Case No., Recipient AHCCCS ID, Provider Contact Name and Contact Phone number auto-populates from the previous page and no action is required.

Enter the dates of service here (for transport, enter the date of the trip)

Enter the appropriate diagnosis code

Use the Description field to provide additional information about your PA request

Once all the information is entered, click "Next".
Verify Event Information

<table>
<thead>
<tr>
<th>Case No:</th>
<th>000864983</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type:</td>
<td>OT (OTHER TRANSPORT)</td>
</tr>
<tr>
<td>Recipient AHCCCS ID:</td>
<td>A11671912</td>
</tr>
<tr>
<td>Provider Contact Name:</td>
<td>Training Provider</td>
</tr>
<tr>
<td>Contact Phone Number:</td>
<td>602-417-4000</td>
</tr>
<tr>
<td>Requested Begin Date:</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Requested End Date:</td>
<td>03/23/2020</td>
</tr>
<tr>
<td>Admit Date:</td>
<td></td>
</tr>
<tr>
<td>Discharge Date:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Code:</td>
<td>R68.89</td>
</tr>
<tr>
<td>Description:</td>
<td>Non-ER Transport</td>
</tr>
</tbody>
</table>

If the Event information is correct, click the **Submit** button.

If you need to correct an error, click the **Edit** button, make the correction and click the **Update / Submit** button.

Proceed to the next step, completing the **Activity List**.
Lists of entered events will appear under the event list and is assigned a number which is placed in “sequence” order.

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

Click on “attachments” to submit attachments if needed.
Upload Attachment Screen

The following slides will show how to upload an attachment to your PA request.

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: A11671012
Name: AHCCCS, APACHE
DOB: 03/05/1998
Gender: M

Case Detail

Case No: 000864963
Begin Date: 03/23/2020
End Date: 12/31/2020
Status: PENDED

Event Detail

Sequence No: 01
Service Begin Date: 03/23/2020
Service End Date: 03/23/2020
Status: PENDED

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

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

Pending Attachments

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

Submitted Attachments

*** NO SUBMITTED ATTACHMENT(S) FOUND ***
In the "Request Type" field, click the down arrow and select the service type that matches the PA request.
Click "Browse" to find your document on your computer.

Click the “Upload Attachment” tab.
On the **Event List** page, you can also **Read** comments entered by the PA team by clicking on the **Plus sign (+)**.

Click on the **Sequence number** to proceed to the final step to enter the **“Activity List”** information.
Click on the “Sequence” number assigned to the event you entered.

*Note: There may be more than one event but to complete the current PA request, select the event you recently created.

This will take you to the final step of the PA submission process which is completing the “Activity List Screen”.

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Event Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Admit Date</th>
<th>Status</th>
<th>Reason</th>
<th>Diagnosis Code</th>
<th>Update</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>OT</td>
<td>03/23/2020</td>
<td>03/23/2020</td>
<td>PENDED</td>
<td>PH009</td>
<td>R08.89</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unread notes for Seq-01

No unread notes for this event

Read notes for Seq-01

Add New Event
Completing the Activity Information

Activity Code = Procedure Code

Modifier field is optional

For Transport
1 unit = one way
2 units = round trip and so forth

Once all the information has been entered, click “Next”

Click the down arrow in the Activity Code field and make your selection

Use the Note field to provide additional information about your PA request including description requirements.
Adding Additional Activities

Event Detail

Sequence No: 01  
Srv Begin Date: 03/27/2020  
Srv End Date: 03/30/2020  
Status: PENDED

Activity List

<table>
<thead>
<tr>
<th>Line No</th>
<th>Activity Type</th>
<th>Activity Code</th>
<th>HCPCS</th>
<th>Allowed Units</th>
<th>Used Units</th>
<th>Status</th>
<th>Reason</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>HCPCS</td>
<td>69433</td>
<td>2.000</td>
<td>0.000</td>
<td>PENDED</td>
<td>PH009</td>
<td>175.0500</td>
<td></td>
</tr>
</tbody>
</table>

Transaction Succeeded.

To add another Activity to the same event, click on the Add New Activity button.

*Note: For Transports providers must have at least two activities, one for the base and another activity for the mileage. See the following slides for instructions on how to fill-out the mileage portion of your PA request.
Completing the Activity Information for NEMT PA Requests

For NEMT providers and providers with category of service (COS) 31, must complete the Trip Counts along with the trip from site/service and trip to site/service fields.

**Reminder:** The AHCCCS Daily Trip Report must be completed and submitted with each NEMT claim. Failure to submit the Daily Trip Report will result in the denial of the claim.
Transport ONLY

Once you have completed the Activity for the base, click on the “Add New Activity” button and a new activity screen will appear.

For Transport
1 unit = one way
2 units = round trip and so forth

Activity Code = Procedure Code

Modifier field is optional

Enter the total mileage here

| Case Number:* | 000864983 |
| Provider Contact Name:* | Training Provider |
| Contact Phone Number:* | 602-417-4000 |
| Sequence Number:* | 01 |
| Activity Type:* | HCPCS |
| Activity Code:* | 50215 |
| Modifier: | TN |
| Allowed Units:* | 150.00 |
| Trip Count:* | 2 |

Trip From

---SELECT---

Trip To

---SELECT---

Note:
Trip From (SITE)
Where member is being picked up from

Site: *
- BULLHEAD
- CASA GRANDE
- CHINLE
- DILKON
- FLAGSTAFF
- FORT DEFIANCE
- GANADO
- GLOBE
- HOME
- HOLYOKE
- KAYENTA
- KINGMAN
- LAKE HAVASU
- MISC
- MOHAVE VALLEY
- NEW MEXICO
- NEVADA
- PAYSON
- PAGE
- PHOENIX
- PARKER
- PRESCOTT
- SAFFORD
- SHOWLOW
- TUBA CITY
- TUCSON
- TUBA CITY
- UTAH
- WINSLOW

Service: *
- DIALYSIS CLINIC
- PHLEBOTOMY
- PHYSICAL THERAPY
- RADIOLOGIST
- RURAL HEALTH CENTER
- VETERINARY

Trip To

Site: *
- PHOENIX
- TUCSON
- TUBA CITY
- UTAH
- WINSLOW

Service: *
- DIALYSIS CLINIC
- ACUTE PSYCHIATRIC CENTRE
- GROUP HOME
- NEUROLOGIST
- PSYCHOLOGIST
- RESIDENTIAL TREATMENT CENTER
- HOME
- HOSPITAL
- PHARMACY
- DIAGNOSTIC/LAB/XRAY
- CLINIC
- DENTIST
- PHYSICIAN
- CERTIFIED NURSE-MIDWIFE
- PODIATRIST
- PSYCHOLOGIST
- OCCUPATIONAL THERAPIST
- PHYSICAL THERAPIST
- SPEECH/HEARING THERAPIST
- CHIROFRACTOR
- RESPIRATORY THERAPIST
- NURSING HOME
- COMMUNITY/RURAL HEALTH CENTER
- DME SUPPLIER
- REHABILITATION CENTER
- DIALYSIS CLINIC
- AMBULATORY SURGICAL CENTER
- MENTAL HEALTH CLINIC
- HOTELS
- HOSPITAL OUTPATIENT SURGERY

Use the Note field to provide additional information about your PA request in

Select the “Case No” of the PA request that you added
Prior Authorization Inquiry
To status a PA request, on the menu, select *Prior Authorization Inquiry.*
PA Search

Prior Authorization: PA Search

Prior Authorization Search

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

* indicates required fields

Search System: * ACUTE

Service Provider ID: * 007835

Recipient AHCCCS ID: A11671912

Case Number:

Begin Date of Service: * 12/27/2019

End Date of Service: * 06/27/2020

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

Complete the required fields and select “Search”. 
Each PA will have an assigned Case No.

Click on Case Number to see further details.

Click search, a list of PA’s will display

Ex. A12345678
9 Digit Number
Format: MM/DD/YYYY

Search System: * ACUTE
Service Provider ID: * 007835
Recipient AHCCCS ID: A11671912
Case Number:
Begin Date of Service: * 12/27/2019
End Date of Service: * 06/27/2020

Search  Clear

Total cases found: 1

<table>
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<tr>
<th>Case NO</th>
<th>Recipient ID</th>
<th>Provider ID</th>
<th>Case Type</th>
<th>Case Status</th>
<th>Begin Date</th>
<th>End Date</th>
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</thead>
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<tr>
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<td>A11671912</td>
<td>007835</td>
<td>PRIOR AUTHORIZATION</td>
<td>P-PENDED</td>
<td>03/23/2020</td>
<td>12/31/2020</td>
<td>TRANSPORTATION</td>
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</table>
After clicking on “Case No” you will see a list of sequence numbers.

Click on “Seq No” to see the “Activity List”
DFSM Provider Education and Training Unit
Education and Training Questions?

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 (e.g., The AHCCCS Daily Trip report, requested medical records, etc.)

Additionally, the DFSM education and 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.
Education and Training Questions?

The DFSM Provider Training Team can be outreached at providertrainingffs@azahcccs.gov.
Thank You.