



How to Status a Claim Submission

*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS

July 2023



Checking a Claim Status Using the AHCCCS Online Provider Portal

The purpose of this training is to learn how to view a claim status using the AHCCCS Online Provider Portal.

This will teach providers how to identify if a claim is in one of the following statuses:

- Approved
- Denied
- Pending
- Unadjudicated
- This guide is available for providers to review denial codes and steps to take to help resolve the edit.
- [Provider Denial Resolution Guide](#)

Main Page

- 1) Sign In: Must have a valid [Username](#) and [Password](#).
- 2) On the Main Page - Menu– select [Claims Status](#)

Main Page

Menu

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Support and Manuals

[AHCCCS Online User Manuals](#)

▲ 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 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 Search

Claim Status: Claim Search

Claim Search

- The form below will return a list of matching claim records for the criteria you select.
- If you enter Claim Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Claim Number along with the required field values will be used in the search.
- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

* indicates required fields

Recipient AHCCCS ID: *	<input type="text" value="A10093242"/>	(Ex. A12345678)
Service Provider ID: *	<input type="text" value="007835"/>	
Begin Date of Service: *	<input type="text" value="01/08/2018"/>	(Format: MM/DD/YYYY)
End Date of Service:	<input type="text" value="04/08/2020"/>	(Format: MM/DD/YYYY)
Claim Number:	<input type="text"/>	
Patient Account Number:	<input type="text"/>	
Line Item Control #:	<input type="text"/>	
Revenue Code:	<input type="text"/>	
Procedure Code:	<input type="text"/>	
Modifier Codes:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

NOTE: Claims submitted by other users can not be viewed.

You will only see the claims you submitted

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- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
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Recipient AHCCCS ID:*	<input type="text" value="A10093242"/>	(Ex. A12345678)
Service Provider ID:*	<input type="text" value="007835"/>	
Begin Date of Service:*	<input type="text" value="01/08/2018"/>	(Format: MM/DD/YYYY)
End Date of Service:	<input type="text" value="04/08/2020"/>	(Format: MM/DD/YYYY)
Claim Number:	<input type="text"/>	
Patient Account Number:	<input type="text"/>	
Line Item Control #:	<input type="text"/>	
Revenue Code:	<input type="text"/>	
Procedure Code:	<input type="text"/>	
Modifier Codes:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Entering a span of months allow you to see previous claims submitted

Search Result

Claim Search Result

Total records found=11

There may be more claims, to see them adjust the search criteria.

Claim Number	Status	Form Type	Service Begin	Service End	Recipient ID	Provider ID	
192965600001	Void	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	
192985600004	Void	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	
193125600001	Denied	HCFA-1500	10/21/2019	10/21/2019	A10093242	007835	Claim Dispute
193125600003	Denied	HCFA-1500	10/21/2019	10/21/2019	A10093242	007835	Claim Dispute
193125600004	Denied	HCFA-1500	10/01/2019	10/01/2019	A10093242	007835	Claim Dispute
193125600005	Denied	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	Claim Dispute
193125600006	Denied	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	Claim Dispute
193515600001	Denied	HCFA-1500	12/15/2019	12/16/2019	A10093242	007835	Claim Dispute
193534600001	Denied	ADA DENTAL	12/18/2019	12/19/2019	A10093242	007835	Claim Dispute
193535600001	Denied	HCFA-1500	12/18/2019	12/19/2019	A10093242	007835	Claim Dispute
193585600001	Denied	HCFA-1500	12/01/2019	12/01/2019	A10093242	007835	Claim Dispute

These are ONLY snapshots of the claims, you have the option to view the claim status by entering the day of service or enter a span.

Accounting Summary

The claim status can be found under "Claim Status"

Claim Header

Claim Number: 193125600001
Status Category/Code: F2 / 1
Claim Status: Denied
Status Date: 11/08/2019
Service Begin/End: 10/21/2019-10/21/2019
Patient Account #: A10093242

Bill Type:
Form Type: HCFA-1500
Pay Check:
Pay Check Date:
Claim Paid Date: 11/08/2019

Provider

Service Provider ID: 007835
Service Provider Name: NEMT TEST
Provider Tax ID: 123456789

Billing Provider ID: 007835
Billing Provider Name: NEMT TEST

Recipient

AHCCCS ID: A10093242
Name: ,

Date Of Birth:
Gender:

Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Quantity	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	2.000	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019		200.000	\$300.00	\$0.00
									\$314.54	\$0.00

Accounting Summary

Note: Place the cursor over the purple codes to view their descriptions.

Claim Header

Claim Number: 193125600001
Status Category/Code: F2 / 1
Claim Status: Denied
Status Date: 11/08/2019
Service Begin/End: 10/21/2019-10/21/2019
Patient Account #: A10093242

Bill Type:
Form Type: HCFA-1500
Pay Check:
Pay Check Date:
Claim Paid Date: 11/08/2019

Provider

Service Provider ID: 007835
Service Provider Name: NEMT TEST
Provider Tax ID: 123456789

Billing Provider ID: 007835
Billing Provider Name: NEMT TEST

Recipient

AHCCCS ID: A10093242
Name: ,

Date of Birth:
Gender:

Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	HC A0120 2.000	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019	HC S0215 200.000	\$300.00	\$0.00
								\$314.54	\$0.00

Accounting Summary

| [Claim Search](#) | **Accounting Summary** | [Other Claim Info](#) | [Claim Dispute](#) |

Note: Place the cursor over the **purple** codes to view their descriptions.

Claim Header

Claim Number: 193125600001
Status Category/Code: F2 / 1
Claim Status: Denied
Status Date: 11/08/2019
Service Begin/End: 10/21/2019-10/21/2019
Patient Account #: A10093242

Bill Type:
Form Type: HCFA-1500
Pay Check:
Pay Check Date:
Claim Paid Date: 11/08/2019

Provider

Service Provider ID: 007835
Service Provider Name: NEMT TEST
Provider Tax ID: 123456789

Billing Provider ID: 007835
Billing Provider Name: NEMT TEST

Recipient

AHCCCS ID: A10093242
Name: ,

Date Of Birth:
Gender:

Click on each line to get additional status code details.

Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019		\$300.00	\$0.00
								\$314.54	\$0.00

Other Claim Info

Note: Place the cursor over the purple codes to view their descriptions.

Claim Header

Claim Number: 193125600001
Status Category/Code: F2 / 1
Claim Status: Denied
Status Date: 11/08/2019
Service Begin/End: 10/21/2019-10/21/2019
Patient Account #: A10093242

Bill Type:
Form Type: HCFA-1500
Pay Check:
Pay Check Date:
Claim Paid Date: 11/08/2019

Provider

Service Provider ID: 007835
Service Provider Name: NEMT TEST
Provider Tax ID: 123456789

Billing Provider ID: 007835
Billing Provider Name: NEMT TEST

Recipient

AHCCCS ID: A10093242
Name: ,

Date Of Birth:
Gender:

Accounting Detail

RECORD(S) NOT FOUND

Edit History

Score #	Line #	Date	Score Code
01	000	11/08/2019	NO EDIT FAILURES
01	001	11/08/2019	L088.1 L210.2
01	002	11/08/2019	L013.5 L088.1 L210.2

Other Claim Info

Accounting Detail

RECORD(S) NOT FOUND

Edit History

Score #	Line #	Date	Score Code
01	000	11/08/2019	NO EDIT FAILURES
01	001	11/08/2019	L088.1 L210.2
01	002	11/08/2019	L013.5 L088.1 L210.2

Status History

Seq	Clean Claim Date	Adjudication Status	Status Date
01	11/08/2019	DENIED	11/08/2019

Denial Reasons

Line	Status Date	Denial Code	Description	Reason
001	11/08/2019	L088.1	NON-EMG TRANSPORT REQUIRES PRIOR AUTH;	PRIOR AUTHORIZATION NOT FOUND
001	11/08/2019	L210.2	TRIP REPORT REQUIRED	TRIP REPORT MISSING
002	11/08/2019	L013.5	CLAIM SERVICE	REQUIRES P/A, NONE FOUND
002	11/08/2019	L088.1	NON-EMG TRANSPORT REQUIRES PRIOR AUTH;	PRIOR AUTHORIZATION NOT FOUND
002	11/08/2019	L210.2	TRIP REPORT REQUIRED	TRIP REPORT MISSING

Tips – Using AHCCCS Online

Every AHCCCS provider has free online tools and resources available 24/7/365 to simplify business practices and administrative processes

Electronic claim submission (EDI) claim status can be viewed online.

- Note that EDI claims that fail to meet the completion requirements are not considered received claims and are rejected or returned to the provider or the provider's clearinghouse with the rejection reason(s).
- If an EDI claim is not showing as received, check with your clearing house for the error report.
- Payment details for claims in approved status can be obtained by reviewing the remittance advice or online via the AHCCCS web portal.

Tips – Using AHCCCS Online

Payment details for reimbursement checks including assigned EFT/Paper Check Number and Pay Check Dates are also available on the web portal, on the “OTHER CLAIM INFO” tab.

Denial reason codes and descriptions on claims can be obtained by selecting the tab “Claim Status”, then enter the recipient ID# and date of service, then select the tab “Accounting Summary”, then select tab “OTH CLAIM INFO”. The denial edit and description will appear as well as the denial date.

Questions?



DFSM Provider Education and Training Unit

DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers with the following:

- AHCCCS Online Provider Portal Training:
 - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

For training requests please contact the DFSM Provider Training Team at

ProviderTrainingFFS@azahcccs.gov

DFSM Provider Education and Training

Note: The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc., should be directed to your organization's coder/biller for guidance.

Note: Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

Who to contact?

- Questions on AHCCCS Fee-for-Service rates email FFSRates@azahcccs.gov
- Questions on AHCCCS Coding email: CodingPolicyQuestions@azahcccs.gov

Need Help!

If you need assistance with the following:

Questions about warrants, paper EOBs, or EFTs please contact the Division of Business & Finance (DBF) at ahccswarrantinquiries@azahcccs.gov or call **(602) 417-5500**. Hours: **10:00 AM – 4:00 PM Arizona Time**.

To check the status of your EFT, please email the Division of Business & Finance (DBF) at ahcccsfinanceeft@azahcccs.gov

Questions related to electronic transactions or to request an ERA transaction setup email servicedesk@azahcccs.gov or contact **(602) 417-4451**. Hours: **7:00 AM – 5:00 PM Arizona Time**.

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions. To reach **Provider Services call (602) 417-7670**.

Provider Services Call Center Operation Hours: **Monday-Friday from 7:30 A.M. - 5:00 P.M.**

Providers should not call the Provider Services 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. Providers should refer to the AHCCCS Website Plans/Providers for more information.

Thank You.