



CMS 1500 Claim Submission Using the AHCCCS Online Provider Portal

DFSM Provider Training Unit

July 2023

About this Course

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

This training presentation will cover how to submit the CMS 1500 Professional claim using the AHCCCS Online Provider Portal.

If you have any questions about this presentation, please email the providertrainingffs@azahcccs.gov

AHCCCS Online Provider Portal

The AHCCCS Online Provider Portal can be used for:

- Checking Member Eligibility and Enrollment
- Claim Submission, Replacements and Voids
- Checking a Claim Status
- Submitting a Prior Authorization (PA) Request and Checking a PA Status

We highly recommend using the AHCCCS Online Provider Portal for the fastest service.

AHCCCS Online Provider Portal

Providers typically register after they have received approval as an AHCCCS registered provider.

Only AHCCCS registered providers can use the Online Provider Portal and providers must have a valid Username and Password to use the portal.

To create an account and begin using AHCCCS Online providers must go to the following web address and follow the instructions provided on the website:

- <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

There is no charge for creating an account and there is no transaction charge.

Master Account Holder

When a newly registered provider registers with AHCCCS Online for the first time ***the user must request designation as the master account holder.***

Note: The master account holder is typically the first employee or agent to register an account from that provider.

However, another user can be designated as the master account holder at the provider's request.

There can be multiple master account holders.

Master Account Holder

Once the master account holder's account has been "registered", the following things occur:

1. AHCCCS sends the master account holder a temporary password.
2. The master account holder logs into the AHCCCS Online Provider Portal with that temporary password, and they change it to a new password.
3. After the master account holder is set up, other employees and agents of the newly registered provider (such as a biller) may then register for an account on AHCCCS Online.
4. At that point, **it will be the master account holder's responsibility to change that user's account settings to ensure they have been granted the appropriate access** to the subsystems that are directly related to that user's specific employment related duties.

Master Account Holder

The Master Account Holder is responsible for granting *other users within their office/hospital/clinic/provider organization* their user permissions within the AHCCCS Online Provider Portal.

Please note, that if a Master Account Holder *leaves* an organization (changes jobs, retires, resigns, etc.) that a *new* Master Account Holder needs to be designated.

- If this is not done, then new users will not have the settings they need to submit claims, prior authorizations, check eligibility status, etc.

Please keep your login information safe and remember account information may not be shared. <https://azweb.statemedicaid.us>

Professional CMS 1500

General Billing Information

Claims for the Capped FFS Rate are often submitted on the CMS 1500 Claim Form. The CMS 1500 claim form is used to bill for:

- IHS/638 tribal claims for individual provider services, that are not included in the AIR;
- Individual professional services at the FFS rate for FFS providers;
- Emergency and Non-Emergency Medical Transportation (NEMT) services;
- FQHC services
- Ambulatory Surgical Centers (ASC);
- Independent laboratories,
- Durable Medical Equipment (DME), and
- KidsCare outpatient services.

General Billing Information

- **Claim Form:** CMS 1500 Claim Form (Professional)
- **Diagnosis Code:** ICD-10
- **Revenue Code:** N/A
- **CPT/HCPCS Codes:** The appropriate CPT/HCPCS Code for the service provided. AHCCCS hosts a coding resource webpage on the Medical Coding Resources webpage at:
 - <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>
- **Modifiers:** The appropriate modifiers should always be used, in accordance with national coding standards.

General Billing Information

On a CMS-1500 Claim Form:

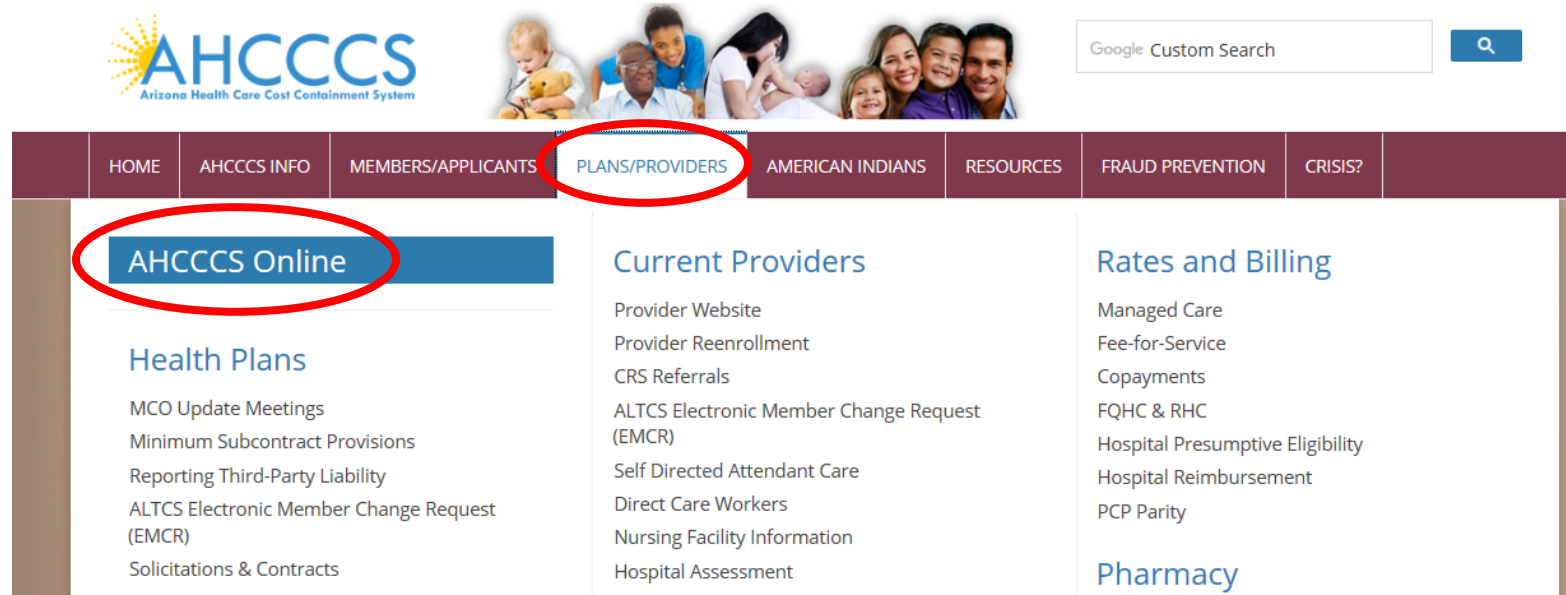
- CPT and HCPCS procedure codes must be used to identify all services.
- For detailed, step-by-step instructions on how to fill out the paper CMS 1500 Claim Form please visit Chapter 5, of the FFS Provider Billing Manual at:
 - <https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChap05.pdf>

The AHCCCS Online Provider Portal

How to Submit Claims

AHCCCS Online

From the www.azahcccs.gov website click on plans and providers from the toolbar, once the drop down appears click on [AHCCCS Online](#). This link will take you to the AHCCCS Online Provider Portal.



The screenshot shows the AHCCCS website navigation menu. The 'PLANS/PROVIDERS' menu item is highlighted with a red circle. Below it, the 'AHCCCS Online' link is also highlighted with a red circle. The menu includes the following items: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. Below the navigation menu, the 'AHCCCS Online' link is highlighted in a blue box. The main content area is divided into three columns: 'Health Plans' (with links for MCO Update Meetings, Minimum Subcontract Provisions, Reporting Third-Party Liability, ALTCS Electronic Member Change Request (EMCR), and Solicitations & Contracts), 'Current Providers' (with links for Provider Website, Provider Reenrollment, CRS Referrals, ALTCS Electronic Member Change Request (EMCR), Self Directed Attendant Care, Direct Care Workers, Nursing Facility Information, and Hospital Assessment), and 'Rates and Billing' (with links for Managed Care, Fee-for-Service, Copayments, FQHC & RHC, Hospital Presumptive Eligibility, Hospital Reimbursement, and PCP Parity). A 'Pharmacy' link is also visible at the bottom of the right column.

AHCCCS Online

[FAQ](#) | [Terms Of Use](#) | [LogIn](#)



Arizona Health Care Cost Containment System
Our first care is your health care

New Account

[Register](#) for an AHCCCS Online account.

To learn more about AHCCCS Online, [Click Here](#)

Hospital Assessment

[View Hospital Assessment Invoice](#)

[Make a Hospital Assessment Payment](#)

Health Plan Links

[View Health Plan Links](#)

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 website can be terminated if the Terms of Use are violated.

TRBHA MEMBER TRANSPORT Effective 01/01/2017, Non IHS/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! For information regarding the Coronavirus, please refer to the [AHCCCS COVID-19](#) website for ADHS and CDC resources and [AHCCCS Frequently Asked Questions](#).

Attention Providers: The US Dept. of Health and Human Services made additional [COVID-19 funding available to Medicaid providers](#). Apply by July 20, 2020.

AHCCCS Online User Manuals

Sign In

Username

Password

[Sign In](#)

1 Enter Username

2 Enter Password

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 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

On the left-hand side of the 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.

←

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.

Menu

- AIMH Services Program
- Claim Status
- Claims Submission**
- ET 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

Claims Submission Page

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: 866004791

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

Enter New Claim

Type of Claim: Professional ▼ Go...



Click on the drop down and select Professional, Click “GO”

View Claim Processing Status

Submission Date(s): - Go...

Professional Claim Submission Page

Professional Claim Submission

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

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

Submitter

Organization Name: NEMT TEST Verify Provider Information

Electronic Transmitter ID Number: 99222

Information Contact Name: Provider, Training

Information Contact Telephone Number: 602-417-4000

- 1) Confirm the Submitter information is correct
 - Organization Name, Electronic Transmitted ID Number, Information Contact Name and Telephone Number
- 2) Then Click the **Providers** tab at the top of the page

Billing Provider Tab

Billing Provider Tab

- This is where you will enter the provider or group billing information.
 - In the Tax ID field enter the Billing Provider's Tax ID, if a group is billing enter the Group Biller Tax ID number.
- **Providers with a valid NPI**, will leave the provider commercial number field blank. They will then enter the 10-digit NPI in the **CMMS National Provider ID field** and click find.
- **Providers who do not have a valid NPI** will use the 6 digit AHCCCS Provider ID in the **Provider Commercial Number field**.

Tax ID Field

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: <input type="text" value="123456789"/> <input type="radio"/> SSN <input checked="" type="radio"/> EIN | | | | | | | |
| Provider Commercial Number: | | <input type="text" value="007835"/> | | | | | |
| * CMMS National Provider ID (NPI): | | <input type="text"/> | | <input type="button" value="Find"/> | | | |
| * Entity Type: | | <input type="radio"/> Person <input checked="" type="radio"/> Non-Person Entity | | | | | |
| Health Care Provider Taxonomy Code: | | <input type="text"/> | | | | | |
| Provider Name: | | NEMT TEST | | | | | |
| Information Contact Name: | | <input type="text"/> | | | | | |
| Information Contact Telephone Number: | | 6024177000 | | | | | |
| Service Locator Code/Address: | | <input type="text" value="01"/> | | <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | |
| * Pay-To Locator Code/Address: | | <input type="text" value="01"/> | | <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | |

Enter the 9 digit TAX ID number and click on EIN

NPI or AHCCCS ID

Professional Claim Submission

[Help](#)

* Indicates a required field.

Providers **without an NPI** will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. They will leave the NPI field blank.

Billing Provider

* Tax ID: SSN EIN

Provider Commercial Number:

* CMMS National Provider ID (NPI):

* Entity Type: Person Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name: NEMT TEST

* Pay-To Locator Code/Address: 701 E JEFFERSON
PHOENIX, AZ 85034

NOTE: Required fields are denoted with a red asterisk. *

Providers **WITH a valid NPI** will enter their NPI in the CMMS National Provider ID field. Click “Find” when the required fields are completed.

Entity Type Qualifier

Click your Entity Type: Person or Non-Person

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------|-------------|-------------|-------------------|---------------|
| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |
| Billing Provider | Rendering Provider | Referring Provider | Service Facility | | | | |
| Billing Provider | | | | | | | |
| * Tax ID: <input type="text" value="123456789"/> <input type="radio"/> SSN <input checked="" type="radio"/> EIN | | | | | | | |
| Provider Commercial Number: <input type="text" value="007835"/> | | | | | | | |
| * CMMS National Provider ID (NPI): <input type="text"/> <input type="button" value="Find"/> | | | | | | | |
| * Entity Type: <input type="radio"/> Person <input checked="" type="radio"/> Non-Person Entity | | | | | | | |
| Health Care Provider Taxonomy Code: <input type="text"/> | | | | | | | |
| Provider Name: NEMT TEST | | | | | | | |
| Information Contact Name: | | | | | | | |
| Information Contact Telephone Number: 6024177000 | | | | | | | |
| Service Locator Code/Address: <input type="text" value="01"/> <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | | | | | |
| * Pay-To Locator Code/Address: <input type="text" value="01"/> <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | | | | | |

Entity Type

- Click **Person**, if the ID number comes up as a person's name.
- Click **Non-Person Entity**, if the ID comes up with a company's name.

Pay-To-Locator/Address

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------|-------------|-------------|-------------------|---------------|
| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |
| Billing Provider | Rendering Provider | Referring Provider | Service Facility | | | | |
| Billing Provider | | | | | | | |
| * Tax ID: 123456789 <input type="radio"/> SSN <input checked="" type="radio"/> EIN | | | | | | | |
| Provider Commercial Number: 007835 | | | | | | | |
| * CMMS National Provider ID (NPI): <input type="text"/> <input type="button" value="Find"/> | | | | | | | |
| * Entity Type: <input type="radio"/> Person <input checked="" type="radio"/> Non-Person Entity | | | | | | | |
| Health Care Provider Taxonomy Code: <input type="text"/> | | | | | | | |
| Provider Name: NEMT TEST | | | | | | | |
| Information Contact Name: <input type="text"/> | | | | | | | |
| Information Contact Telephone Number: 6024177000 | | | | | | | |
| Service Locator Code/Address: 01 <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | | | | | |
| * Pay-To Locator Code/Address: 01 <input type="button" value="v"/> 701 E JEFFERSON PHOENIX, AZ 85034 | | | | | | | |

Selecting locator code is **required** for the “Service Locator Code/Address” and the “Pay-To Locator Code/Address” fields.

The locator code determines the address to which payment is sent. The Remittance Advice will be mailed to the provider’s pay-to address if the provider is not set up for electronic remittance advices.

**DO NOT CLICK
SAVE OR SUBMIT**

Rendering Provider Tab

Rendering Provider Tab

The process for completing the Rendering Provider Tab is almost identical to the Billing Tab.

Enter the rendering provider's NPI in the appropriate field. If the rendering provider does not have a NPI, enter their 6-digit AHCCCS Provider ID and leave the NPI field blank.

[Help](#)

* Indicates a required field.

The screenshot shows the 'Rendering Provider' tab in a web application. The 'Rendering Provider' sub-tab is selected and highlighted with a red box. The form contains the following fields and controls:

- Provider Commercial Number:** A text field containing '007835', highlighted with a blue box and a blue arrow pointing to it from a callout box.
- * CMMS National Provider ID (NPI):** A required text field, currently empty, with a blue arrow pointing to it from a callout box.
- * Entity Type:** Radio buttons for 'Person' and 'Non-Person', with 'Person' selected.
- Provider Name:** A text field.
- Health Care Provider Taxonomy Code:** A text field.
- Find:** A yellow button to the right of the NPI field.
- Buttons:** 'Save', 'Submit', and 'Cancel' buttons at the bottom, with red 'X' marks over 'Save' and 'Submit'.

Callout boxes provide additional instructions:

- A blue callout box on the right states: "Providers without an NPI will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. They will leave the NPI field blank." A blue arrow points from this box to the 'Provider Commercial Number' field.
- A blue callout box on the left states: "Providers with a valid NPI shall enter their NPI in the CMMS National Provider ID field. Click 'Find' when required fields are completed." A blue arrow points from this box to the 'CMMS National Provider ID (NPI)' field.
- A red callout box on the right states: "Click 'Find' -Provider information should be displayed". A red arrow points from this box to the 'Find' button.

Patient/Subscriber Tab

Patient/Subscriber Tab

Enter the member's **AHCCCS ID and Date of Birth (MM/DD/YYYY)**. Click "Find" and verify that the member's information is correct.

[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="A10093242"/> <input type="text" value="06/23/1988"/> <input type="button" value="Find"/> | | | | | | | |
| Person Name: AHCCCS, SEDONA | | | | | | | |
| Gender: F | | | | | | | |
| Residential Address: 701 E JEFFERSON ST PHOENIX, AZ 85038 | | | | | | | |
| * Payer Responsibility: <input type="text" value="P - Primary"/> <input type="button" value="v"/> | | | | | | | |
| NOTE: AHCCCS no longer accepts ADOC claims. | | | | | | | |

Patient/Subscriber Tab

Click on the **Payer Responsibility** drop down. Providers must determine the AHCCCS payment after Medicare and all other first and third-party payers.

This mock claim identifies AHCCCS as the Primary Payer and highlight P-Primary.

| | | | | | | | |
|------------------------------------------------------------|-----------|------------------------------------------|-----------|------------------------------------------|-----------------------------------------|-------------------------------------|---------------|
| 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="A10093242"/> | <input type="text" value="06/23/1988"/> | <input type="button" value="Find"/> | |
| Person Name: AHCCCS, SEDONA | | | | | | | |
| Gender: F | | | | | | | |
| | | Residential Address: | | 701 E JEFFERSON ST PHOENIX, AZ 85038 | | | |
| | | * Payer Responsibility: | | <input type="text" value="P - Primary"/> | | | |
| <small>NOTE: AHCCCS no longer accepts ADOC claims.</small> | | | | | | | |

Attachments Tab

If no attachments, click “Claim Information” tab next

The Attachments Tab (AHCCCS Online Provider Portal) & the Transaction Insight Portal

Certain types of claims require additional documentation to be submitted.

Documentation is submitted using the Transaction Insight Portal, and it links to the correct claim based on information entered into the Attachments Tab.

- In order for the **documentation (submitted through the Transaction Insight Portal)** to attach to the **claim (submitted through the AHCCCS Online Provider Portal)** it is vital that the documentation be linked to the claim.

Linking occurs by using the exact same Control/PWK Number in both the **Transaction Insight Portal** and the **AHCCCS Online Provider Portal**.

The Attachments Tab (AHCCCS Online Provider Portal) & the Transaction Insight Portal

What is the Control/PWK Number?

- It is a unique number that a provider creates for each claim/document that they submit.
- This unique number forms an electronic match between the **submitted documentation (Transaction Insight Portal)** and the **claim (AHCCCS Online Provider Portal)**.
- It allows the system to link the attachment to the correct claim.

The Control/PWK Number is entered in **twice**.

- **First**, it is entered in by the provider when they submit their claim via the **AHCCCS Online Provider Portal**; and then
- It is **entered in a second time** when they submit their documentation on the **Transaction Insight Portal**.

The Control/PWK Number and Provider Identifier

The blue circled areas must match, and the red circled areas must match.

Claim Attachments

Report Transmission **
▼ EL - Electronically Only

Control Number **
▼ A1234567801032018

Provider Commercial Number: 123456

* CMMS National Provider ID (NPI): Find

The image shows a 'Claim Attachments' form. A blue circle highlights the 'Report Transmission' dropdown (set to 'EL - Electronically Only') and the 'Control Number' dropdown (set to 'A1234567801032018'). A red circle highlights the 'Provider Commercial Number' text box (containing '123456') and the 'CMMS National Provider ID (NPI)' text box (empty) with a 'Find' button.

Provider First Name

Provider Primary Identifier Qualifier Select a value ▼

Provider Primary Identifier

Provider Secondary Identifier 123456

Provider Address 801 EAST JEFFERSON *

Provider City PHOENIX *

Provider State AZ - Arizona ▼ *

Provider Zip Code 85034 *

Patient Last Name DOE *

Patient First Name JANE

Patient Primary Identifier A12345678 *

Patient Control Number P123123 *

Medical Record Identification Number

Claim Service Period Start Date 1/3/2018 *

Claim Service Period End Date

Payer Claim Control Number or
Provider Attachment Control Number A1234567801032018 *

Claim Status Category ▼

Additional Information Request Code Select a value ▼

Code List Qualifier Code Select a value ▼

* - Required Fields

Submit Attachment Cancel

The image shows a form for provider information. A red circle highlights the 'Provider Primary Identifier Qualifier' dropdown, the 'Provider Primary Identifier' text box, and the 'Provider Secondary Identifier' text box (containing '123456'). A blue circle highlights the 'Payer Claim Control Number or Provider Attachment Control Number' text box (containing 'A1234567801032018').

Information on the Transaction Insight Portal

Transaction Insight Portal

For additional information on how to submit documentation using the Transaction Insight Portal, so that the documentation matches to the correct claim, please visit the DFSM Provider Training web page at:

- https://www.azahcccs.gov/Resources/Training/DFSM_Training.html
- Trainings on the Transaction Insight Portal can be found under “Trainings by Subject” and under the Video Library.

Attachments Tab

- Report Type – Click the drop down and select type of attachment
- Report Transmission – Click the drop down and select EL – Electronically Only
- Control Number – Enter the PWK number. We recommend you use the members AHCCCS ID followed by the Date of Service, making sure the “A” in the AHCCCS ID is capitalized

| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |
|-------------------------------------------------------------------------------------|--------------------|-------------------------------|--------------------------|--------------------------|-------------------|-------------------|---------------|
| Claim Attachments | | | | | | | |
| Report Type ** | | Report Transmission ** | | Control Number ** | | | |
| 1 | B4 - Referral Form | ▼ | EL - Electronically Only | ▼ | A0934000709232019 | | |
| The Report Type (B4) and Report Transmission (EL) codes should be used only. | | | | | | | |
| Attachments (1-10): | 5 | ▼ | | ▼ | | | |
| | 6 | ▼ | | ▼ | | | |
| | 7 | ▼ | | ▼ | | | |
| | 8 | ▼ | | ▼ | | | |
| | 9 | ▼ | | ▼ | | | |
| | 10 | ▼ | | ▼ | | | |

Attachments Tab

The control number is also referred to as the PWK number. A PWK number is a unique number that the provider creates for each claim/document they submit. It allows the system to link the attachment to the correct claim.

| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |
|--------------------------|-----------------------|--------------------|-------------------------------|-------------|--------------------------|-------------------|---------------|
| Claim Attachments | | | | | | | |
| | Report Type ** | | Report Transmission ** | | Control Number ** | | |
| 1 | B4 - Referral Form | ▼ | EL - Electronically Only | ▼ | A0934000709232019 | | x |
| 2 | | ▼ | | | | | |
| 3 | | ▼ | | | | | |
| 4 | | ▼ | | | | | |
| 5 | | ▼ | | | | | |
| 6 | | ▼ | | | | | |
| 7 | | ▼ | | | | | |
| 8 | | ▼ | | | | | |
| 9 | | ▼ | | | | | |
| 10 | | ▼ | | | | | |

Attachments (1-10):

Enter the PWK number, it is recommend to use:
Members AHCCCS ID followed by the date of service.
AXXXXXXXXXMMDDYYYY

Attachments Tab

The Attachment tab is the only way to notify the AHCCCS processing system that the provider is submitting an Electronic Attachment with the claim. From the time of claim submission, providers have [15 days](#) to upload attachments using the Transaction Insight Portal.

| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |
|----------------------------|-----------------------|--------------------|-------------------------------|-------------|--------------------------|-------------------|---------------|
| Claim Attachments | | | | | | | |
| | Report Type ** | | Report Transmission ** | | Control Number ** | | |
| 1 | B4 - Referral Form | ▼ | EL - Electronically Only | ▼ | A0934000709232019 | | |
| 2 | | ▼ | | ▼ | | | |
| 3 | | ▼ | | ▼ | | | |
| 4 | | ▼ | | ▼ | | | |
| Attachments (1-10): | | ▼ | | ▼ | | | |
| 5 | | ▼ | | ▼ | | | |
| 6 | | ▼ | | ▼ | | | |
| 7 | | ▼ | | ▼ | | | |
| 8 | | ▼ | | ▼ | | | |
| 9 | | ▼ | | ▼ | | | |
| 10 | | ▼ | | ▼ | | | |

Control Number (PWK number)

Example of a PWK number using a member's AHCCCS ID and the Date of Service

AHCCCS ID (9-character AHCCCS ID)

A12345678

The A in AHCCCSID must be in uppercase

Date of Service

01/03/18

PWK for Claim 1, Document 1

A1234567801032018

Different AHCCCS ID member with the Same Date of Services

AHCCCS ID (9-character AHCCCS ID)

A87654321

The A in AHCCCSID must be in uppercase

Date of Service

01/03/18

PWK for Claim 2, Document 2

A8765432101032018

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.



Claim Information Tab

Claim Information Tab

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

Claim Information

Original Reference Number: Replacement Void

Prior Authorization Number:

*** Patient Control Number:**

(Accident)

Other Accident Auto Accident

(State)

Yes No

*** Provider Accept Assignment:** Assigned Accepted on Clinical Lab Services Only Not Assigned

*** Benefit Assignment:** Yes No Not Applicable

*** Release of Information Consent:** Informed Consent Yes

The Patient Control Number is **NOT** the same thing as the PWK number. The Patient Control Number is a number that the provider uses internally.

If your office doesn't use a patient control number, you may enter the members AHCCCS ID or First/Last Name, etc.

Enter your office account number for the patient. For this training the AHCCCS ID will be used.

Claim Information Tab

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

Claim Information

Original Reference Number: Replacement Void

Prior Authorization Number:

*** Patient Control Number:**

Medical Record ID Number:

Initial Treatment Date:

Date of Current Injury: (Accident)

**** Patient's Condition Related To:** Employment Other Accident Auto Accident

***** Place in which accident occurred:** (State)

Special Program Indicator:

*** Provider Signature on File:** Yes No

*** Provider Accept Assignment:** Assigned Accepted on Clinical Lab Services Only Not Assigned

*** Benefit Assignment:** Yes No Not Applicable

*** Release of Information Consent:** Informed Consent Yes

Claim Information Tab

- Provider Signature on File – Click yes if on file.
- Provider Accepts Assignments - Click yes if you are accepting payment from AHCCCS.
- Benefit Assignments - Mark yes if member has indicated that payment should go directly to the provider.
- Release of Information Consent - A signed statement by the patient authorizing the release of medical data to other organizations.

Service Lines Tab

Service Lines

On the left side click the radio dial next to ICD-10.

- **NOTE: Effective 10/01/15, you must select ICD-10**

To the right side of the screen, you will see the Diagnosis Codes field.

- Enter the DX codes. **Do not include the decimal point when entering the DX codes** (ex. correct format (R6889) incorrect format (R68.89)).
- Up to 12 DX codes can be entered WITHOUT the decimal.

Submitter Providers Patient/Subscriber Ambulance Other Payer Attachment 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 R6889 2 3 4 5 6
7 8 9 10 11 12

Service Line

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

* Service Dates: 09/23/2019 - 09/23/2019

* Line Charges: \$ 14.54 * Place of Service Code (POS): 99 - OTHER UNLISTED FACILITY

* Quantity: 2 Minutes Units Modifier Codes: 1 2 3 4

* HCPCS Code: A0120 Prescription Date:

National Drug Code: **Prescription #/Identifier:

Service Lines

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

Service Line

* Diagnosis Code Pointers: 1 2 3 4 5

* Service Dates: -

* Line Charges: \$

* Quantity: Minutes Units

* HCPCS Code:

National Drug Code:

Enter the following:

- Diagnosis Code Pointers
- Service Dates (To and From)
- Line Charges
- Number of Units or Minutes
- CPT / HCPCS code

Diagnosis Code Pointers

- Click the corresponding pointer to each diagnosis code.
- If more than one diagnosis code is entered be sure to click all the boxes that apply.

Service Lines

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

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

* **HCPSC Code:** * **Prescription Date:**

National Drug Code: ****Prescription #/Identifier:**

Service Lines Tab

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

Service Line

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

*** Place of Service Code (POS):** ▼

Modifier Codes: 1 2 3 4

Prescription Date:

National Drug Code:

****Prescription #/Identifier:** ▼

Click the down arrow and select POS
If applicable you can enter up to four
modifiers.

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

* **HCPCS Code:** * **Prescription Date:**

National Drug Code:

**NDC Quantity/Measure:

Immunization Batch Number:

Indicators: Emergency EPSDT

Provider Control Number:

**Other Payer: Primary ID Paid Amount \$

**Medicare: Paid Amount \$ Units

Other Adjustment(s): Medicare Deductible \$ Me

**Durable Medical Equipment: HCPCS Purchase Price \$
(Days)

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

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

When done, click the ADD button.

1. This will clear the screen and allow you to enter a new service line if needed.
2. This newly added service line will appear at the *bottom* of the screen.
3. The service line tab will allow you to add more service lines (each new one appearing at the *bottom* of the screen) until you proceed with the submission of the claim.

As each new line is added, a blank Service Line section will appear.

- New Service Lines may be entered here.
- Click “Add” to add new service lines.

Screenshot of the Service Lines tab in a software application. The 'Service Line' section is highlighted with a red circle. Below it, various fields for claim information are visible, including 'Place of Service Code (POS)', 'Modifier Codes', 'Prescription Date', and 'Prescription #/Identifier'. A red arrow points from the 'Service Line' section to the 'Submit' button at the bottom of the page.

Once you've completed entering all the relevant claim(s) information, click “Submit”

| Line No. | Begin Date | End Date | POS | HCPCS | Mod | Mod | Mod | Mod | NDC | NDC | Diag | Diag | Diag | Diag | Diag | Diag | Diag | Diag | Diag | Diag | Min./Units | Type | Line Charges | Medicare Paid Amount | Units | Proc Code |
|----------|------------|----------|-----|-------|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------------|------|--------------|----------------------|-------|-----------|
| 1 | 6/1/2016 | 6/1/2016 | 32 | 97001 | | | | | | | | | | | | | | | | | | 1 | UN | 65.02 | | 0 |

Entered lines will appear at the bottom of the Service Lines tab, as shown here.



Save Submit Cancel

Professional - Service Lines – Continued

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 | Units | Proc Code | Medicare Deductible Amount | Medicare Coinsurance Amount | Medicare Copay Amount | Other Payer ID |
|----------|------------|-----------|-----|-------|-------|-------|-------|-------|----------|-----------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|----------------|----------------------|---------------|---------------|----------------------------|-----------------------------|-----------------------|----------------|
| 1 | 9/23/2019 | 9/23/2019 | 03 | A0120 | | | | | | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 UN | 14.54 | | 0 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | Totals: | \$14.54 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

Top screen The Service Line will allow you to continue to Add more lines unless you click the edit  or the remove button 

Bottom screen When you have entered all Service Lines whether you edited or removed items, you will have the option to Update the changes

Update

** 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 | Units | Proc Code | Medicare Deductible Amount | Medicare Coinsurance Amount | Medicare Copay Amount | Other Payer ID |
|----------|------------|-----------|-----|-------|-------|-------|-------|-------|----------|-----------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|----------------|----------------------|---------------|---------------|----------------------------|-----------------------------|-----------------------|----------------|
| 1 | 9/23/2019 | 9/23/2019 | 03 | A0120 | - | - | - | - | - | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 UN | 14.54 | - | 0 | - | - | - | - | |
| | | | | | | | | | | | | | | | | | | | | | | | | Totals: | \$14.54 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

Service Lines

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

| Line No. | Begin Date | End Date | POS | H | CPCS | 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 | Units | Proc Code | Medicare Deductible Amount |
|----------|------------|-----------|-----|---|-------|-------|-------|-------|-------|----------|-----------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------|----------------------|-------|-----------|----------------------------|
| X/1 | 10/1/2020 | 10/1/2020 | 99 | | 99214 | | | | | | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | UN | 100.00 | | 0 | |
| X/2 | 10/1/2020 | 10/1/2020 | 99 | | 69200 | | | | | | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | UN | 150.00 | | 0 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | Totals: \$250.00 | | \$0.00 | | \$0.00 | |

After all services lines are entered, review the claim information, if okay, Click the "Submit" Button.

Save Submit Cancel

Additional Help - Online Error Messages

Message from webpage



ATTENTION! Please correct the following item(s):

--- BILLING PROVIDER ---

- Missing Tax ID.
- Missing Tax ID Type (SSN or EIN).
- Missing Provider Commercial Number or NPI.
- Missing Entity Type (Person or Non-Person).
- Missing Provider Name.
- Missing Pay-To Locator Code/Address.

--- RENDERING PROVIDER ---

- Missing Provider Commercial Number or NPI.
- Missing Entity Type (Person or Non-Person).
- Missing Provider Name.

--- PATIENT/SUBSCRIBER ---

- Missing Member ID Number.
- Missing Member Date of Birth.
- Missing Payer Responsibility.

--- CLAIM INFORMATION ---

- Missing Patient Control Number.
- Missing Provider Signature on File.
- Missing Provider Accept Assignment.
- Missing Benefit Assignment.
- Missing Release of Information Consent.

If a required field is missing information, the Online system will identify the fields that have an error. Make the necessary correction(s) and proceed with the claim submission.

OK

Confirmation Screen

Claim Entry Confirmation

| | |
|--------------------------------|--------------|
| Transmission Status: | Successful |
| Claim Type: | Professional |
| Patient Account Number: | A09340007 |
| Confirmation Code: | P-297 |

Attachments

You can go to the 275 portal to upload your document by clicking on the attachment link

Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click [here](#) to submit an attachment.

View Claim

Enter New Claim

- 1 This is the Claim Entry Confirmation screen
- 2 The Transmission status will let you know the claim was submitted successfully
- 3 You have 2 options: View Claim to give you a summary of the claim that will be sent to AHCCCS or Enter New Claim
- 4 Select the "View Claim" button



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 ahcccswarrantinquiries@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.

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/>

Thank You.