

The logo is a circular emblem on the left side of the slide, composed of various white icons on a teal background. These icons include a sun, a mountain range, a cactus, a fish, a hand, a gear, a leaf, and a flower, representing different aspects of Arizona's culture and environment.

# ARIZONA

## HEALTH CARE COST CONTAINMENT SYSTEM

**Prior Authorization Submission Training  
Behavioral Health Residential Facility Services (Short Term –  
H0018) (PT B8)**

DFSM Provider Education and Training  
June 11, 2026

# Training Presentation

- This training presentation is designed for the AHCCCS Fee-for-Service programs, American Indian Health Program (AIHP), Arizona Department of Economic Security (DES) Division of Developmental Disabilities Tribal Health Program (DDD-THP), Tribal Regional Behavioral Health Authorities (TRBHAs) and Tribal Arizona Long Term Care (ALTCS).
- Questions or requests for training should be directed to the DFSM provider training team at [ServiceNow.azahcccs.gov/gsp](https://ServiceNow.azahcccs.gov/gsp) . Select “Provider Training” from the options list to route the request to the correct team.

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# AHCCCS Medical Policy 320-V

## Behavioral Health Residential Facility



## AMPM 320-V

# Behavioral Health Residential Facility

The [AHCCCS Medical Policy Manual](#) provides guidance to contractors and their delegated subcontractors, along with providers regarding services covered under the AHCCCS Program. The AMPM operates with authority in conjunction with federal and state regulations, other agency guides and manuals, and applicable contracts.

AMPM Policy 320-V establishes requirements for the provision of care and services in a Behavioral Health Residential Facility (BHRF) to include policy overview and requirements, admission criteria, exclusions, criteria for continued stay, discharge readiness and planning, personal care services and licensing requirements,

***Exception: This policy excludes the Federal Emergency Services Program (FESP). Refer to AMPM Chapter 1100 which establishes requirements for the provision of care and services in a BHRF.***

# Behavioral Health Residential Facility

Behavioral Health Residential Facility (BHRF) refers to a health care institution that provides treatment to an individual experiencing a behavioral health issue that limits their ability to be independent or causes the individual to require treatment to maintain or enhance independence.

BHRFs provide short-term mental health and/or substance use treatment where a member stays overnight and receives daily care.

**Behavioral Health Condition** - Mental, Behavioral, or Neurodevelopmental Disorder (F01-F99) diagnosis defined by International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

**Covered HCPCS Codes: H0018** Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem rate (24-hour day). Prior and continued authorization do not include room and board.

# AHCCCS Online Provider Portal



# AHCCCS Online Provider Portal

- Access go to <https://ao.azahcccs.gov/Account/Login.aspx> (add this as a “Favorite” or “Bookmark” in your internet browser)
- Passwords are case-sensitive. **After 3 failed login attempts within a 15-minute period, your account will be locked.** If locked, you will either need to contact **your** Master Account holder at your organization to unlock your account or use the Password Recovery feature.
- **ID.me Second level verification:** AHCCCS partnered with ID.me to provide secure identity verification and login services to its users. Providers are required to use ID.me to access the AHCCCS Online portal.



# Prior Authorization Guidelines



# Prior Authorization Is Not a Guarantee of Payment

Granting Prior Authorization (PA) does not guarantee payment.

Reimbursement is contingent upon the following:

- Accuracy of information submitted with the PA request,
- Member eligibility at the time services are rendered,
- AHCCCS-registered FFS provider status at the time of service,
- Medical necessity, as substantiated through medical review,
- Compliance with claims submission requirements,
- The service requested is not covered by another primary payer

The claim submission must meet all AHCCCS requirements, including but not limited to clean claim and timely filing standards.

**All services must be rendered by an AHCCCS-registered provider. Any referring, ordering, prescribing, or attending provider must also be an AHCCCS-registered provider.**



# Fee-for-Service Prior Authorizations

- Prior authorization requests are reviewed on a case-by-case basis. Reviews are based on AHCCCS medical policies and clinical criteria. [The AHCCCS Medical Policy Manual](#) is available on the AHCCCS website and searchable by title and service type.
- PA determinations are communicated to providers by mail. Providers can view PA case status in real time through the AHCCCS Online Provider portal. Select [Prior Authorization Inquiry](#).
- The PA Attachment Tool is used to upload additional documents for the PA request and to communicate directly with the PA team through the online portal.

# BHRF Prior Authorization Documentation Requirements



# BHRF Prior Authorization Required Documents

BHRF prior authorization requests must include the following behavioral health documents. Incomplete or untimely submission of documentation may result in delays or denial of authorization of services.

## **Required Documents:**

- ✓ Initial treatment plan (to include outcomes and goals),
- ✓ Current evaluation,
- ✓ Assessment,
- ✓ Certification of Need (CON) (initial first 30 days),
- ✓ Recertification of Need (RON)
- ✓ Progress notes, goals and other relevant clinical information,
- ✓ Current ASAM documentation must also accompany the CON when treatment has a Substance Use Disorder focus,
- ✓ Discharge plan and readiness.



# How To Track Your Prior Authorization Request

Providers have the ability to do a quick check of claims and prior authorizations. The Prior Authorization and Notification tool allows you to submit inquiries, process requests and receive status updates in real time.

- **Provider Online Portal:** Log into the AHCCCS Online Provider Portal and use the **Prior Authorization Inquiry** tool to view the current status and notes entered by the PA team
- **Average Review Timeframe:** standard 7- 14 business days when all necessary information has been uploaded to the prior authorization case for review.
- **Provider Tip:** Maintain an internal tracker – when to check the portal for status update, date the RON is due, etc.

# BHRF Required Forms

Certification of Need (CON)  
Recertification of Need (RON)



## Certification of Need (CON) Form

AHCCCS Fee-for-Services requires BHRF providers to submit a completed copy of the CON and RON with the prior authorization request.

**Timeframe:** The CON covers the first 30 calendar days of an approved BHRF prior authorization.

Related prior authorization forms can be found here [Prior Authorization Forms Web page](#)

[American Society of Addiction Medicine Brochure \(ASAM\)](#)

# Recertification of Need (RON) Form

## Recertification of Need (RON)

At the end of the 30 days, the (RON) is needed and should be submitted upon expiration of the CON or upon expiration of a previous RON. We recommend that providers read any PA notes to target the next RON submission date.

## Required Documentation

- The treatment plan should include all treatment notes from the most recent 7 consecutive days preceding RON date.
- Treatment notes should include Group/Progress/Assessment notes/ evidence of coordination with the outpatient care team, and targeted discharge date.

# Prior Authorization Inquiry Tab



# Actions That Can Be Initiated on the Prior Authorization Inquiry Tab

Menu
<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claim Submission</a>
<a href="#">Electronic Fund Transfer (EFT) Enrollment</a>
<a href="#">Member Verification</a>
<a href="#">Member Supplemental Data</a>
<a href="#">Newborn Notification</a>
<a href="#">Prior Authorization Inquiry</a>
<a href="#">Prior Authorization Submission</a>
<a href="#">Provider Verification</a>
<a href="#">Targeted Investments Program</a>

- ✓ Updates or corrections to a PA case **cannot** be initiated through the PA Inquiry tab.
- ✓ Review comments or notes entered by the PA team,
- ✓ Check the status of a previously submitted prior authorization (PA) request,
- ✓ Perform inquiries by Case Number, AHCCCS Member ID or Provider ID number.
- ✓ View related case, event and activity information associated with the prior authorization.

# Prior Authorization Submission Tab

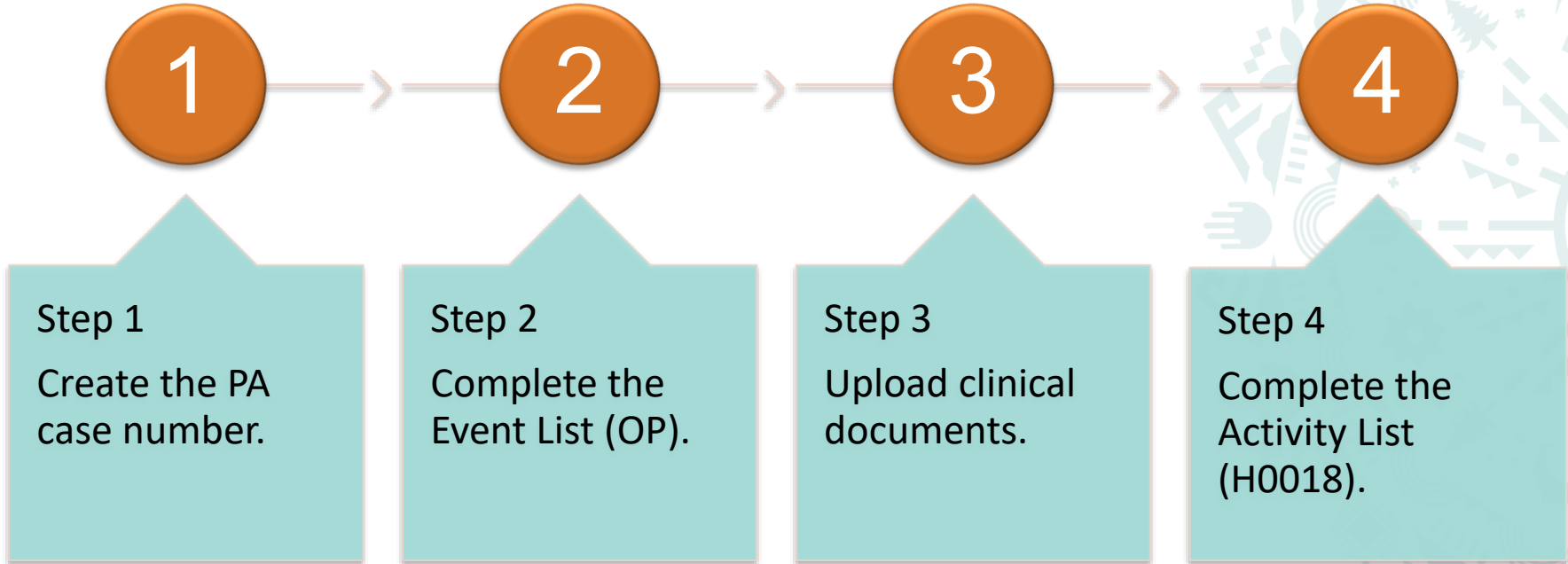


# Getting Started

PA requests must be submitted electronically through the AHCCCS Online Provider portal. A PA case number is automatically generated as the first step in the PA submission process. The prior authorization team cannot begin their review until all required steps are completed. Incomplete submissions will result in a delay.

- ✓ **Verify Member Eligibility:** Ensure the PA request is submitted to the correct health plan based on the dates of service.
  
- ✓ **PA Submission Information:**
  - ✓ HCPCS code – H0018 (*per diem*),
  - ✓ Date Span,
  - ✓ Behavioral Health Diagnosis (ICD-10),
  - ✓ Documentation to support medical necessity.

# Submitting the BHRF Prior Authorization



# Additional Actions

- Adding additional sequences to an existing PA case may be needed when the client has been discharged and readmitted at a later date during the same calendar year.

SEQ	TYPE	AUTHORIZED DATES	ADMIT DATE	STA
01	BP	11/29/2025 - 02/27/2026		A
02	BP	03/15/2026 - 04/27/2026		A

- Tra... requests for additional information.

Note: Providers may only make updates or changes to an existing PA case when the status is **PEND**.

# How to Request a Change to an Approved PA Case

- PA cases that are in an Approved status, changes *cannot* be made directly on the case.
- Providers must submit a completed *PA Correction Form* to request any changes or updates.
- The PA Correction Form can be uploaded using the PA Attachment tool located on the Event List tab.

**PRIOR AUTHORIZATION CORRECTION FORM**  
*(One Member and Provider Per Form, Per Fax Please)*  
 ♦ **Mandatory Fields must be completed or information will be returned.**  
 AHCCCS does not require an authorization when primary insurance pays for service.

♦ TYPE OF ACUTE SERVICE REQUESTED

<b>Prior Authorization</b>		
<input type="checkbox"/> Acute Medical I/P MR# _____	<input type="checkbox"/> DME	<input type="checkbox"/> Lodging/Meals
<input type="checkbox"/> Acute Medical O/P MR# _____	<input type="checkbox"/> Home Health	
<input type="checkbox"/> Surgical Request	<input type="checkbox"/> Home Infusion	
<b>LTC Acute</b>		
<input type="checkbox"/> NF	<b>Behavioral Health IP Level I</b>	
<input type="checkbox"/> Hospice	<input type="checkbox"/> GR	<b>Tribal ALTCS</b>
	<input type="checkbox"/> PY TRBHA	<input type="checkbox"/> DME
	<input type="checkbox"/> NN TRBHA	<input type="checkbox"/> Home Modification
	<input type="checkbox"/> WM TRBHA	<input type="checkbox"/> NF (Special Rates)
<b>Transportation</b>	<input type="checkbox"/> Other	<input type="checkbox"/> Assisted Living-Behavioral Health
<input type="checkbox"/> Medical NEMT	<input type="checkbox"/> Dental	<input type="checkbox"/> Open Line Request
<input type="checkbox"/> Behavioral Health NEMT		

♦ RECIPIENT NAME: _____	♦ AHCCCS ID (9 digits): A <input style="width: 100px; border: 1px solid black;" type="text"/>
♦ PROVIDER NAME: _____	♦ PRIOR AUTHORIZATION #: _____
♦ PROVIDER PHONE #: _____	♦ PROVIDER NPI: (10 digits) <input style="width: 100px; border: 1px solid black;" type="text"/>
♦ PROVIDER FAX #: _____	♦ AHCCCS ID: (6 digits) <input style="width: 100px; border: 1px solid black;" type="text"/>
♦ DIAGNOSIS: _____ (BH NEMT: use valid BH diagnosis)	♦ DATES OF SERVICE: _____

A=ADD R=REMOVE

\*CPT/HCPCS/ \_\_\_\_\_ Modifier: \_\_\_\_\_ Units:  A  R Tiers:  ICU

# BHRF Prior Authorization Submission

## Step 1 Creating the Case List



# AHCCCS Sign-In

1. Login to AHCCCS Online Portal
2. Enter your username and Password
3. Select Sign In

The screenshot shows a vertical navigation menu on the left side of the AHCCCS Online Portal. It is organized into several sections, each with a dark blue header and light blue links:

- New Account**
  - [Register for an AHCCCS Online account](#)
  - [Learn more about AHCCCS Online](#)
- Assessments**
  - [View Hospital Assessment Invoice](#)
  - [Make a Hospital Assessment Payment](#)
  - [View Health Care Investment Assessment Invoice](#)
  - [Make a Health Care Investment Assessment Payment](#)
- Health Plan Links**
  - [View Health Plan Links](#)
- Electronic Funds Transfer**
  - [Submit EFT Application](#)

Thank you for visiting AHCCCS Online.

The screenshot shows the 'Sign In' form on the AHCCCS Online Portal. It includes the following elements:

- Sign In** header
- Username:** A text input field with a yellow highlight and a 'Show' button.
- Password:** A text input field with a 'Show' button.
- Sign In** button
- [Forgot your Password?](#) link
- Disclaimer:** A bullet point stating: "Passwords are case-sensitive. After 3 failed login attempts within a 15 minute period, your account will be locked. If locked, you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature."

The Prior Authorization Submission tool is located under the **Menu** tab

The screenshot shows the 'Menu' tab in the AHCCCS Online Portal. It features a dark blue header with the word 'Menu' in white. Below the header is a list of menu items, each on a separate line with a light blue background and a yellow border:

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claim Submission](#)
- [Electronic Fund Transfer \(EFT\) Enrollment](#)
- [Member Verification](#)
- [Member Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Targeted Investments Program](#)

From the Welcome to the FFS Prior Authorization Web Portal page, select *Prior Authorization Submission* -first under the Menu tab and again at the bottom of the page.

**Main | FAQ | Terms Of Use | Logout |**

**Menu**

- AIMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission**
- Provider Verification
- Provider Re-Enrollment/Revalidation
- Targeted Investments Program

**Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal**

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

**Services that require Prior Authorization:**

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$100.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non - Emergency Outpatient Procedures
- Non - Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non - Emergency Transportation > 100 miles

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



**Prior Authorization Submission**

**Services that do not require Prior Authorization:**

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non - ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non - Surgical Procedures, e.g. FICG Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400 ).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

**Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.**

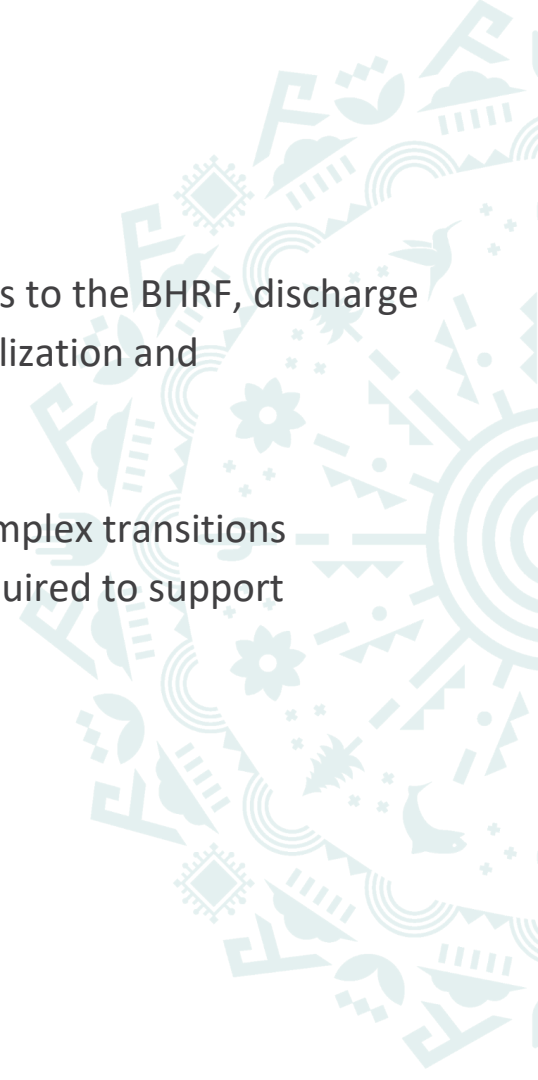
- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

## Notes:

- Each BHRF admission or re-admission must be submitted as a separate case event and independently supported by medical necessity.
- A Certification of Need (CON) covers the first 30 days of an admission and must be signed by a BHP and supported by an assessment and documentation showing BHRF is the appropriate level of care.
- A Recertification of Need (RON) is due prior to the expiration of the CON to avoid any lapse in authorization.
- If additional RONs are required, all fields must be completed and include the current BHRF treatment plan signed by a BHP, and seven consecutive days of progress notes immediately preceding the RON period.

## Additional Information

- If a member discharges to a higher level of care and later returns to the BHRF, discharge documentation from the higher level of care must support stabilization and appropriateness to return, and a new CON is required.
- When members have multiple admissions, re-admissions, or complex transitions between levels of care, a Care Management referral may be required to support coordination and appropriate placement decisions.



# Step 1 Creating the PA Case

1. The PA Recipient/Case Search page opens.
2. Complete the required fields below and select [Search](#).
3. The system will automatically check for any matching authorizations on file.

**Prior Authorization Search**

**PA Recipient/Case Search**

\* Indicates a required field.

Search System: **Default set to ACUTE**

Search By:

AHCCCS ID: Enter the Member AHCCCS ID

Service Provider ID: Click the down arrow and select the NPI or 6 digit provider ID No.

Enter the Begin and End Date of Service:

Search System:


Search By:

AHCCCS ID:  (Ex. A12345678)

Service Provider ID:

Begin Date Of Service:  (Format: MM/DD/YYYY)

End Date Of Service:  (Format: MM/DD/YYYY)



On the **Case List** page, if no matching case details are found, the system will display “No Records Found”. Select “Add New Case” to create a new PA case.

The screenshot displays a web interface for a Case List. At the top, there is a navigation bar with a 'Case List' tab highlighted in red. To the right of the navigation bar are links for 'PA Case Search', 'Case List' (highlighted in red), 'Event List', and 'Activity List'. Below the navigation bar, a red message reads: '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.' The main content area is divided into sections: 'Service provider' with fields for 'Provider ID: XXXXXX', 'Provider Name: BHRF', and 'NPI: 1234567890'; 'Search Dates' with 'Begin Date: 01/02/2026' and 'End Date: 03/02/2026'; and a 'Case List' section. The Case List section shows a blue bar with the text 'No Records Found.' and a red box around the 'Add New Case' button.

Case List

PA Case Search Case List Event List | Activity List

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.**

Service provider

Provider ID: XXXXXX Provider Name: **BHRF** NPI: 1234567890

Search Dates

Begin Date: **01/02/2026** End Date: **03/02/2026**

Case List

No Records Found.

Add New Case

# Creating a New Case



Enter the case details and complete the Begin Date, End Date and Description fields. Select the Next button.

The AHCCCS ID, Service Provider ID, Provider Contact Name and Provider Phone number auto populate from the previous page. No action is required in these fields.

### Enter Case Information

AHCCCS ID:	auto populate
Service Provider ID:	auto populate
Provider Contact Name:	auto populate
Contact Phone Number:	auto populate
Effective Begin Date:	02/01/2026
Effective End Date:	03/02/2026
Description:	BHRF

**Enter the Begin and End Dates for the PA request and Description and click the NEXT button.**

The PA portal will prompt users to verify the information entered for the Case, Event and Activity lists. Refer to the instruction box below.

[Add New Case](#)

[PA Case Search](#) [Case List](#) | [Event List](#) | [Activity List](#)

Service provider

Provider ID: .....

Provider Name: .....

NPI: .....

The PA portal will auto populate the **Effective End Date** field with the last date of the current year.

However, you will be able to enter the exact dates of services for the PA request on the **“Event List”** tab.

#### Verify Case Information

AHCCCS ID: A12345678  
Provider ID: .....

Service Provider NPI: .....

Provider Contact Name: Training Provider  
Contact Phone Number: 602-417-4000  
Effective Begin Date: **02/01/2026**  
Effective End Date: **03/02/2026**  
Description: **BHRF**

If the Case 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.

Now you are ready to proceed to the next step, completing the **“Event List”**.



# Step 2

## Completing the Event List



## Step 2 Completing the Event

- On the **Event List** page, if no matching case details are found, the system will display “No Records Found”. Select **“Add New Event”** to create an event.

**Event List** PA Case Search | Case List | Event List | Activity List |

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 Support Group at 602-417-4400 to update approved events.

Service provider			
Provider ID: ..	Provider Name:	NPI:	

Recipient			
AHCCCS ID: <b>A12345678</b>	Name:	DOB:	Gender: M

Case Detail			
Case No: .....	Begin Date: 02/01/2026	End Date: 12/31/2026	Status: PENDED

Event List			
No Records Found.			
<a href="#">Add New Event</a>			

In the **Event Type** field select Behavioral Health Residential Facility (BP).  
Enter the Requested Begin and End dates, diagnosis and description fields. Select *Next*.

Enter Event Information	
Case No:*	000865179
Event Type:*	BEHAVIORAL HEALTH RESIDENTIAL FACILITY
Recipient AHCCCS ID:*	A
Provider Contact Name:*	
Contact Phone Number:*	
Requested Begin Date:*	02/01/2026
Requested End Date:*	03/02/2026
Admit Date:	
Discharge Date:	
Diagnosis Code:*	F99 . 1
Description:	BHRF
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

Verify Event Information	
Case No:	<b>000000000</b>
Event Type:	BP(BEHAVIORAL HEALTH RESIDENTIAL FACILITY)
Recipient AHCCCS ID:	<b>A12345678</b>
Provider Contact Name:	
Contact Phone Number:	
Requested Begin Date:	02/01/2026
Requested End Date:	03/02/2026
Admit Date:	
Discharge Date:	
Diagnosis Code:	F99.1
Description:	BHRF
<input type="button" value="Submit"/> <input type="button" value="Edit"/>	

# Step 3

## Completing the Activity List



On the Activity List page, if no matching activity details are found, the system will display “No Records Found”. Select “Add New Activity”.

Activity List

PA Case Search Case List Event List **Activity List**

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

Provider ID:	Provider Name: <b>BHRF</b>	Service provider	NPI:
AWCCX ID:	Name:	Equipment	DOB:
Case No:	Begin Date:	Case Detail	End Date:
Sequence No: <b>01</b>	Srv Begin Date: <b>02/01/2026</b>	Event Detail	Srv End Date: <b>03/02/2026</b>
Activity List			

No Records Found

**ADD NEW ACTIVITY**

On the **Activity Information** page, complete the HCPCS, Activity Code, allowed units and notes if applicable. Click **Next**.

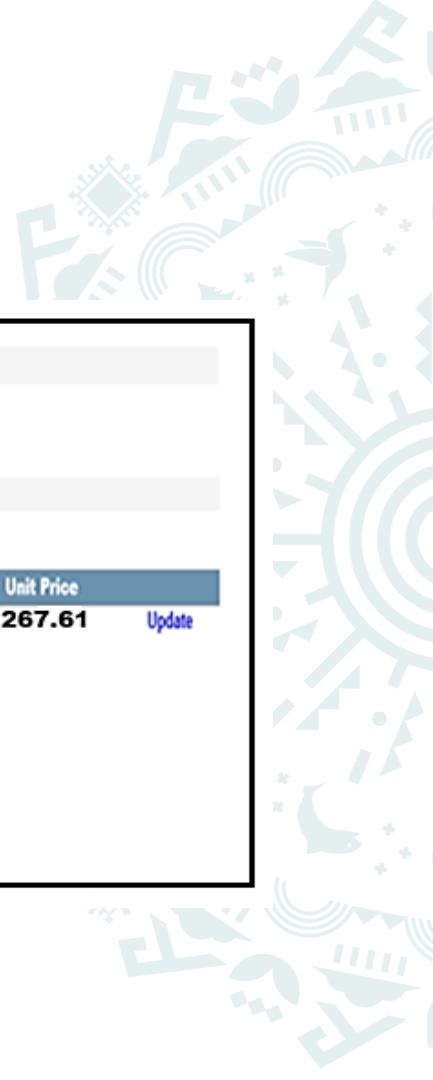
### Enter Activity Information

Case Number:*	<input type="text" value="000865179"/>	<b>auto populates</b>
Provider Contact Name:*	<input type="text"/>	
Contact Phone Number:*	<input type="text"/>	
Sequence Number:*	<input type="text" value="01"/>	
Activity Type:*	<input type="text" value="HCPCS"/>	
Activity Code:*	<input type="text" value="H0018"/>	
Modifier:	<input type="text"/>	
Allowed Units:*	<input type="text" value="30"/>	
Note:	<input type="text"/>	

### Verify Activity Information

Case Number:	000865179
Provider Contact Name:	
Contact Phone Number:	<b>auto populates</b>
Sequence Number:	01
Activity Type:	H (HCPCS)
Activity Code:	H0018
Modifier:	
Allowed Units:	30
Note:	

# Adding Additional Activities



Event Detail

Sequence No: 01      Srv Begin Date:      Srv End Date:      Status: PENDING

Activity List

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	Update
01	HCPCS	<b>H0018</b>		<b>60</b>	0.000	PENDING	PH009	<b>267.61</b>	Update

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

# Prior Authorization is Complete

## ACTIVITY LIST COMPLETED

- The phrase “Transaction Succeeded” will appear indicating that a new activity list for the member was added.
- The Case number will appear under the Activity List.
- If you want to add additional activities to the same Event, select the [Add](#) button.

# How to View Notes On the Event List Page



The Event List page displays notes entered by the PA team. To view the [Read notes section](#), click the [Plus sign \(+\)](#). Additional tools on the Event page include [Update](#) and the [Attachments](#) tool.

**Event List** PA Case Search | Case List | Event List | Activity List

---

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.

---

**Provider ID:**  **Provider Name:**  **Service provider** **NPI:**

Click on the button in the Read section to review any previously read notes.  
Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BP	02/01/2026	03/02/2026		PENED	PH009	F33.0	<a href="#">Update</a>	<a href="#">Attachments</a>

Unread notes for Seq=01  
 No unread notes for this event  
 Read notes for Seq=01

Select the Sequence number to proceed to the last step in the PA submission process, to enter the [Activity List](#) information.



## Prior Authorization Attachment Instructions

Upload Attachment Screen

The Upload Attachment screen is accessed from the Event List tab.

**Attachments** PA Case Search | Case List | Event List | Activity List | Help

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.

AHCCCS ID:		Recipient	
Name:	DOB:	Name:	DOB:
		Gender:	


Case Detail			
Case No:	Begin Date:	End Date:	Status: PENDING

Event Detail			
Sequence No: 01	Service Begin Date: <b>02/01/2026</b>	Service End Date: <b>03/02/2026</b>	Status: PENDING

Request Type:  Select file to upload:

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

<b>Pending Attachments</b> *** NO PENDING ATTACHMENT(S) FOUND ***	<b>Submitted Attachments</b> *** NO SUBMITTED ATTACHMENT(S) FOUND ***
--	--



1. On the Attachments tab, select (BP) under **Request Type**. In **Browse**, select the file to attach to the case from your device.
2. Click **Upload Attachment**. The files will appear under **Pending Attachments**.
3. Click **Submit** again to move the files to the “**Submitted Attachments**” column. This finalizes the upload process, and the documents will be available for review by the PA team.

## Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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.

Event Detail			
Sequence No: 01	Service Begin Date:	Service End Date:	Status: PENDING

Request Type:  Select file to upload:

Max File Size: 20MB  
Accepted File Types: pdf, doc, docx, ppt, pptx, bmp, png

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	*** NO SUBMITTED ATTACHMENT(S) FOUND ***



**This concludes the training presentation.**

**Thank you for your continued partnership with  
AHCCCS.**

# Division of Fee-for-Service Provider Education and Training



# Provider Education and Training

- AHCCCS Fee-for-Service provider training focuses on claim submissions, prior authorization, Submission of documentation using the Electronic Data to attach any required documentation to the claim for review, AHCCCS FFS policies and resources on the Provider Online portal.
- 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.
- Please contact AHCCCS Provider Education and Training at [ServiceNow@azahcccs.gov](mailto:ServiceNow@azahcccs.gov)