

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 fish, a tree, a flower, a hand, a gear, and a leaf, representing different aspects of Arizona's culture and environment. The text 'ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM' is centered on the right side of the slide in a bold, white, sans-serif font. The word 'ARIZONA' is the largest and most prominent, with a stylized mountain range integrated into the letter 'O'. Below it, 'HEALTH CARE COST' and 'CONTAINMENT SYSTEM' are stacked in smaller, all-caps font.

# ARIZONA

## HEALTH CARE COST CONTAINMENT SYSTEM

Prior Authorization Submission Training  
Intensive Outpatient Program (IOP)  
Provider Types 05/77/IC  
H0015 and S9480

DFSM Provider Education and Training  
Updated June 04, 2026

# Training Presentation

The objective of this training is to improve efficiency and accuracy and reduce claim denials through proper claims, medical documentation and prior authorization submissions.

- This presentation applies to the following Fee-for-Service programs; American Indian Health Program (AIHP), Division of Developmental Disabilities Tribal Health Program (DDD-THP) Tribal Regional Behavioral Health Authorities (TRBHA), and Tribal Arizona Long Term Care (ALTCS) programs.
- For training questions or requests, email the DFSSM Provider Training team at: [ServiceNow@azahcccs.gov](mailto:ServiceNow@azahcccs.gov). Please include “Provider Training” in the subject line for proper routing.

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AHCCCS Online Provider Portal

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Submitting a IOP Prior Authorization Request

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Certificate of Need (CON) and the Recertification of Need (RON)

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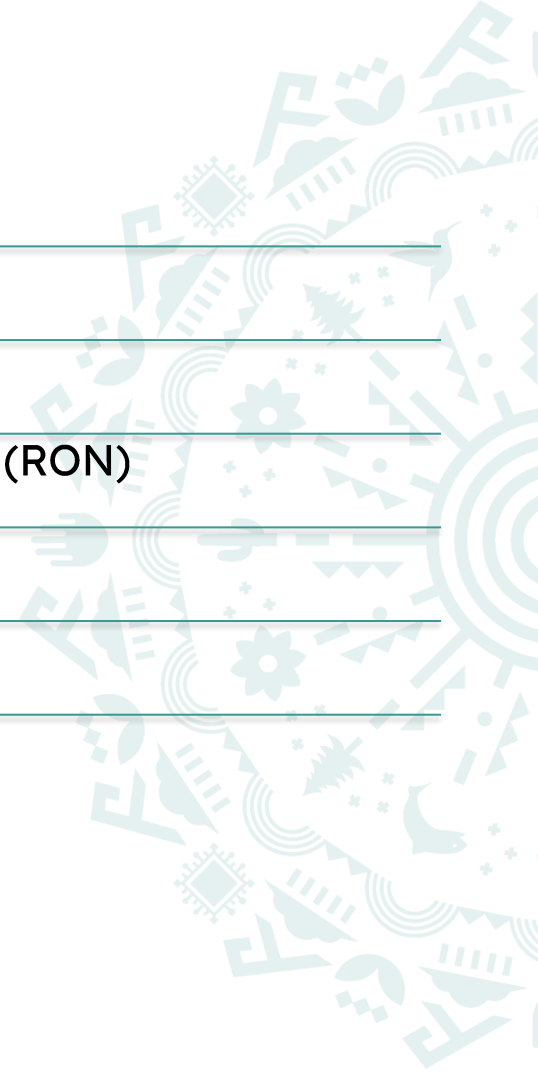
Prior Authorization Inquiry Tab

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Prior Authorization Submission Tab

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Prior Authorization Documentation Attachment Process



# IHS/638 Tribal Providers Intensive Outpatient Program (IOP)



# IHS/638 Tribal Providers and Intensive Outpatient Program (IOP)

## Prior Authorization Not Required

- **No prior authorization** is required for IOP services provided by **IHS or 638 tribal facilities**.
- **Tribally managed facilities** are operated by federally recognized tribes in Arizona and offer care ranging from primary care and dental services to behavioral health, specialty care, and emergency services.

# Tribal Referral Requirements for IOP Services

If a tribal provider is referring an FFS member to a **Non-IHS/638** provider for IOP services, the tribal provider is:

Responsible to ensure that the member has a current behavioral health assessment,

The CON has been completed and provided to the IOP provider along with the behavioral health assessment for prior authorization submission.

## Question and Answer

Question: Does the ASAM rule for IOP apply?

- Answer: ASAM is not a requirement for IHS/638 facilities.

Question: How is care coordinated when the member is enrolled in BHS site “98” and not affiliated with a TRBHA?

- Answer: Care can be coordinated with the member’s outpatient treatment team for members not enrolled with a TRBHA.

# AHCCCS Medical Policy 310-B Intensive Outpatient Program (IOP)



# AMPM 310-B

## TITLE XIX/XXI Behavioral Health Services Benefit

AHCCCS covers Title XIX/XXI behavioral health services (behavioral health and/or substance use) within certain limits for members when medically necessary as specified in 42 CFR 440.130(d). Behavioral health services are authorized under Rehabilitative Services Benefit in the AHCCCS State Plan and 42 CFR 440.130(d).

AMPM Policy 310-B, establishes guidelines and requirements for the provision of care and services. Topics include Service and Treatment Planning, Access to MOUD and MAT Services, Emergency Behavioral Health Services, Clinical Oversight and Supervision, Behavioral Health Services to Family Members, Referrals, Services Categories/Subcategories and more.

These behavioral health service categories/subcategories and other behavioral health service requirements are listed below and are further described in the AHCCCS Covered Behavioral Health Services Guide (CBHSG).

# AMPM 310-B

## Title XIX/XXI Behavioral Health Services Benefit

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 310-B, establishes guidelines and requirements for the provision of care and services.

- Topics include service and treatment planning, access to MOUD and MAT services, emergency behavioral health services, clinical oversight and supervision, behavioral health services to family members, referrals, services categories/subcategories and more.
- Behavioral health service categories and subcategories to include additional requirements are detailed in the [AHCCCS Covered Behavioral Health Services Guide](#)

# AMPM 310-B

## Intensive Outpatient Program

Intensive outpatient programs (IOP) programs are structured non-residential treatment programs which address mental health and substance use disorders (SUDs) that do not require detoxification through a combination of;

- Individual, Group, Family counseling and therapy,
- Medication management, Continuity of Care, Psychoeducational groups.

All services provided by IOPs shall adhere to all ADHS and AHCCCS requirements specific to each service being delivered as a component of the program.

The complete AHCCCS Medical Policy Manual is available [here](#)

# IOP Program Requirements

- IOPs shall be provided by an **appropriately licensed Outpatient Treatment Center (OTC)** in accordance with Arizona Administrative Code A.A.C. Title 9, Chapter 10, Article 10.
- Staff delivering IOP services must meet the individual provider qualifications associated with those services as specified in AAC Title 9, Chapter 10 or for
- **IHS/638 and Tribal Programs may provide services** under PL 93-638, and as specified in the AHCCCS IHS/Tribal Billing Manual.
- Providers must ensure IOP services meet the specific **HCPCS code-specific requirements.**

**Reminder:** Coding questions must be directed to your organization's professional coder/biller.

# Intensive Outpatient Program

Outpatient treatment services are provided by or under the direction and clinical oversight of behavioral health professionals to reduce symptoms and improve or maintain functioning.

**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 IOP HCPCS Codes:**

- **H0015** -Alcohol / Drug Services; Intensive Outpatient, per diem.
- **S9480** - Intensive Out-patient psychiatric services, per diem.

# Intensive Outpatient Programs (IOP)

- Intensive Outpatient Programs treating substance use disorder and co-occurring disorders shall align with The American Society of Addiction Medicine (ASAM) treatment level 2.1 standards and requirements.
- The ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

## **Resources:**

<https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care>

# AMPM Policy 820

## Section 9 Intensive Outpatient Program

The initial authorization request documentation shall be submitted to AHCCCS DFSM within ***72 hours of the initiation of IOP services***

The initial authorization documentation shall include:

i. Certification of Necessity (CON) for IOP treatment which:

- 1) Must be signed by the BHP overseeing the member's treatment, and
- 2) Is valid for the initial 30 days of treatment.

ii. Comprehensive BH Assessment.



# AMPM Policy 820

## Section 9 Intensive Outpatient Program

b. The Service continuation documentation is required for the continuation of IOP services and shall be submitted to AHCCCS DFMS upon expiration of the CON or the previous RON.

The Service continuation documentation shall include the Recertification of Need (RON).

### **RON Timeframe:**

The RON is due as follows:

- i. Every 12 weeks for IOP **SUD treatment**, or
- ii. Every 30 days for IOP **psychiatric treatment**.



# Getting Starting IOP Treatment Plans



# IOP Treatment Plan Overview

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- Services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and peer support.
- Services are provided at frequencies and intensities aligned with the objectives of the treatment plan.
- Individuals appropriate for IOP:
  - Require close monitoring and frequent contact to reduce the risk of continued use, relapses, and worsening mental health problems.
  - Are medically stable and at minimal risk for severe withdrawal.
  - In addition to the Substance Use Disorder (SUD), they may have mild psychiatric needs that need monitoring or lack a supportive recovery environment.

# Question & Answer

Who submits the RON?

- The agency submitting the prior authorization request is responsible to submit all necessary documentation including the RON to support their PA request.



# IOP Clinical Oversight and Care Delivery

- Administered and actively overseen by a Behavioral Health Professional (BHP) within scope of practice.
- Minimum of one individual sessions per month with a BHP (or more frequently as clinically indicated) including:
  - Documented evaluation of the member's progress
  - Determination that IOP level of care remains medically necessary.

# 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.
- The sharing of passwords and account access is prohibited.



# 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
- 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.

# 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 attachment tool.

# Intensive Outpatient Program Prior Authorization Documentation



# IOP Prior Authorization Requests

Effective for dates of services on and after July 1, 2025, prior authorizations are required for Intensive Outpatient Program (H0015 / S9480) services. It is the providers responsibility to ensure all documentation is clear and concise and supports the prior authorization request.

- Review the clinical documentation prior to submitting the PA request.

# IOP Prior Authorization Required Documents

IOP 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 30 days),
- ✓ Recertification of Need (RON) (every 60 days) from the last authorized dates of service,
- ✓ 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.

# IOP PA Forms Certification of Need (CON)



# Certification of Need (CON) Form

AHCCCS Fee-for-Services requires IOP program providers to submit a completed copy of the CON and RON with the prior authorization request. The IOP PA must be submitted within 72 hours of start of treatment.

**Timeframe:** The CON covers the first 30 calendar days of an approved prior authorization admission. Must have the referring BHP signature.

**Special Note:** Except for IHS/638 referring providers, current ASAM documentation must also accompany the CON when treatment has a Substance Use Disorder focus.

# IOP PA Forms Recertification of Need (RON)



# 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. The RON is due at a minimum of up to 60 days.

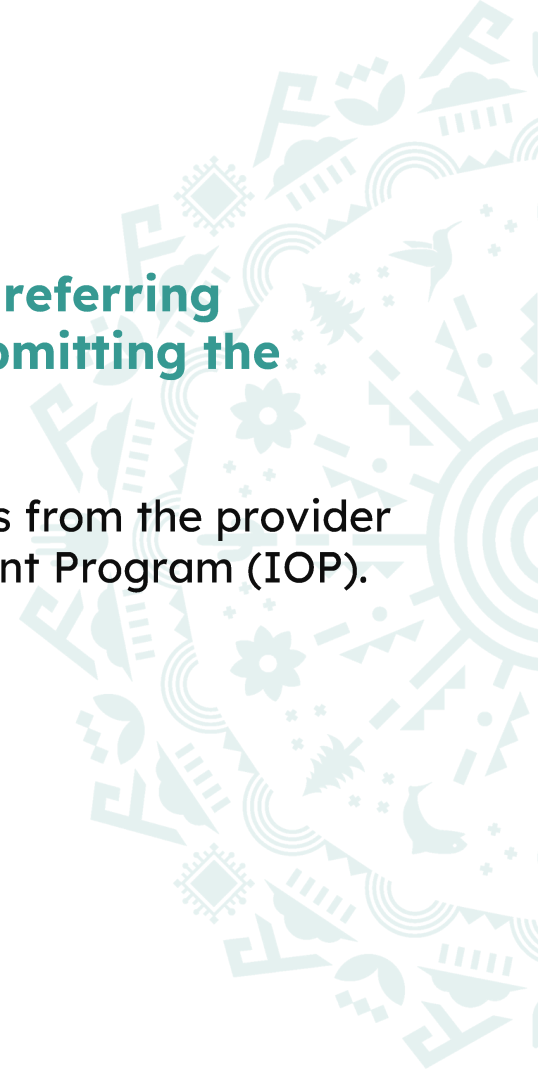
## Required Documentation

- 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.

# Question and Answer

**Question:** Does the RON continue to come from the referring agency or is the agency referred responsible for submitting the RON going forward?

**The RON comes from the treating provider.** The **CON** comes from the provider who is referring the member to Intensive Outpatient Treatment Program (IOP).



# Question and Answer

**Question: Is a PA/CON/RON still required if the client is participating in outpatient IOP at an agency and not at a BHRF/BHIF?**

**Answer:** All BH services that require prior authorization requires a CON to initiate services, and a RON for continued stay authorizations.

IOPs and BHRFs use the IOP/BHRF CON and RON forms.

# Question and Answer

**Question:** AHCCCS requirements state coordination of care with TRBHA, but do not clarify which type of coordination, forms, or notes to submit. Can a copy of RONS suffice?

**Answer:** The member's treatment plan should document care coordination. In the interest of care continuity and improving member outcomes, BH providers should be coordinating care with the TRBHA for all TRBHA enrolled members

# Questions and Answer

Question: After submitting RON and additional docs after the first 30 days. how long does it take to be reviewed to be extended another 30 days?

**Answer: The initial and continued stay review timeframe is 14 days or less. The BH PA team is now processing CON and RON reviews within this timeframe.**

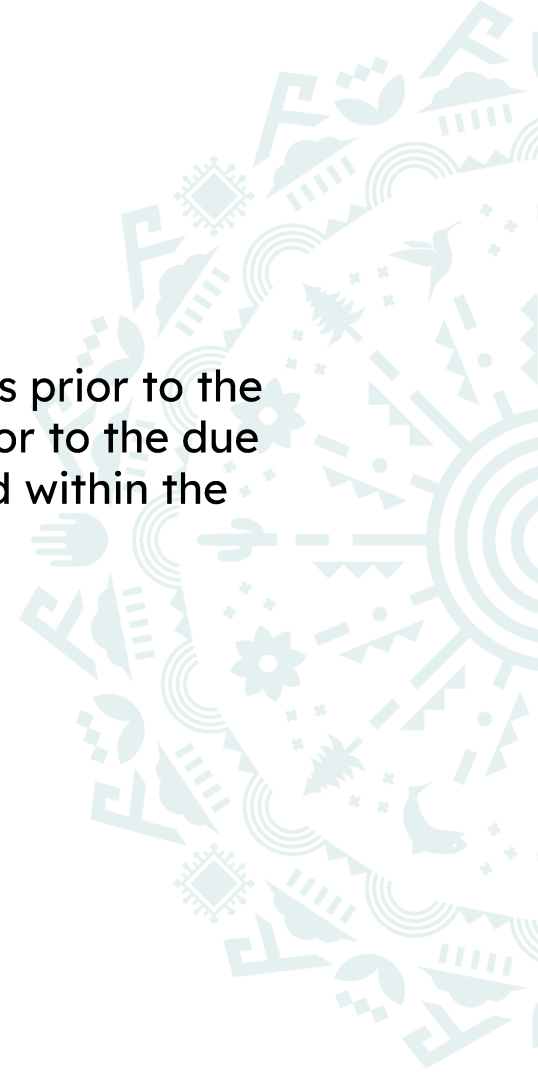
Question: RONs are 30 calendar days for IOP not 30 completed sessions is this correct?

**Answer: The CON covers the initial 30 calendar days regardless of the number of days treatment occurs during that timeframe.**

# Question and Answer

Question: What is the timeframe to submit a RON?

Answer: The PA team will accept RONs up to 7 calendar days prior to the RON due date. If a RON is submitted earlier than 7 days prior to the due date the PA reviewer will request that the RON be submitted within the required timeframe.



# Using the 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>

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

# Prior Authorization Submission Tab

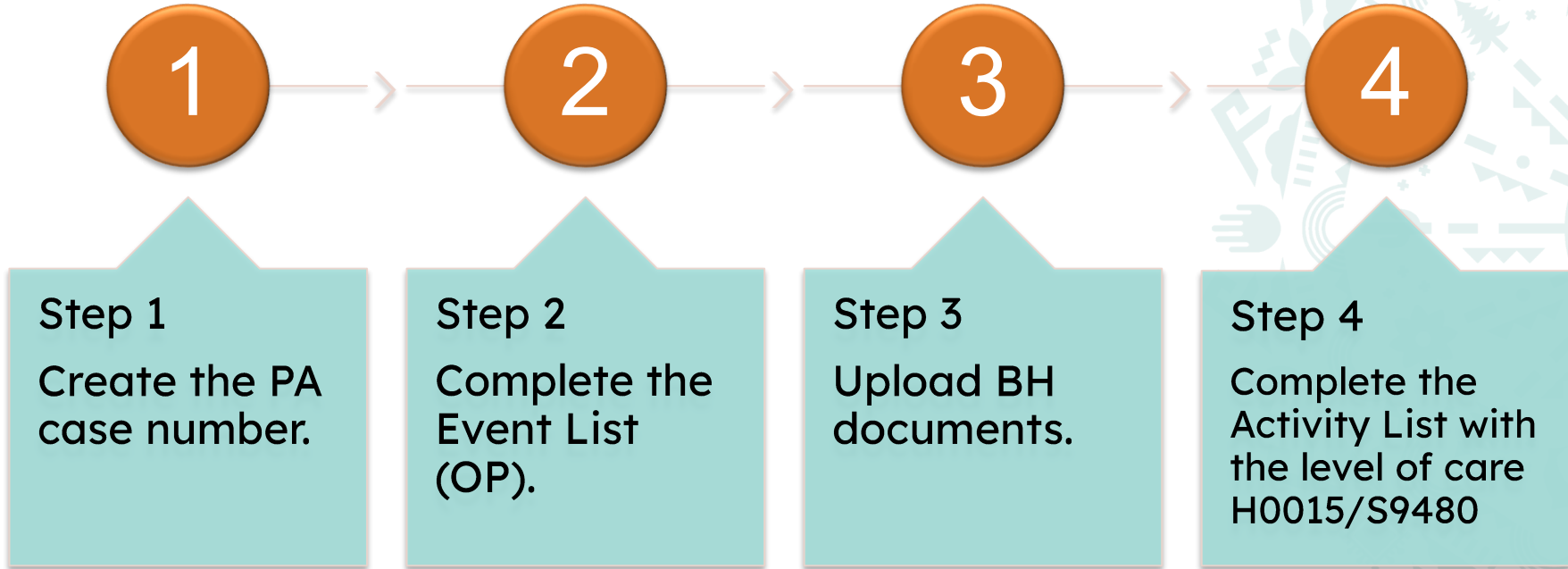


# Getting Started

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 a PA review until all required steps are completed; incomplete submission 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 – H0015 / S9480 (*per diem*),
  - ✓ Date Span,
  - ✓ Valid Diagnosis (ICD-10),
  - ✓ Documentation to support medical necessity.

# Submitting the IOP Prior Authorization



# Additional Actions

- Add additional sequences to an existing PA case.
- Track & Follow-Up: monitor the status online and respond to requests for additional information.

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

# How to Request a Change to an Approved PA Case

- For 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.
- Uploaded the completed PA Correction Form to the case. Select the case, go to the Event List page and select the PA Attachment tool located at the bottom of the page.

**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>	<b>Behavioral Health IP Level I</b>	<b>Tribal ALTCS</b>
<input type="checkbox"/> NF	<input type="checkbox"/> GR	<input type="checkbox"/> DME
<input type="checkbox"/> Hospice	<input type="checkbox"/> PY TRBHA	<input type="checkbox"/> Home Modification
	<input type="checkbox"/> NN TRBHA	<input type="checkbox"/> NF (Special Rates)
	<input type="checkbox"/> WM TRBHA	<input type="checkbox"/> Assisted Living-Behavioral Health
<b>Transportation</b>	<input type="checkbox"/> Other	<input type="checkbox"/> Open Line Request
<input type="checkbox"/> Medical NEMT	<input type="checkbox"/> Dental	
<input type="checkbox"/> Behavioral Health NEMT		

♦ RECIPIENT NAME: _____	♦ AHCCCS ID (9 digits): A <input style="width: 80px; 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: 80px; 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

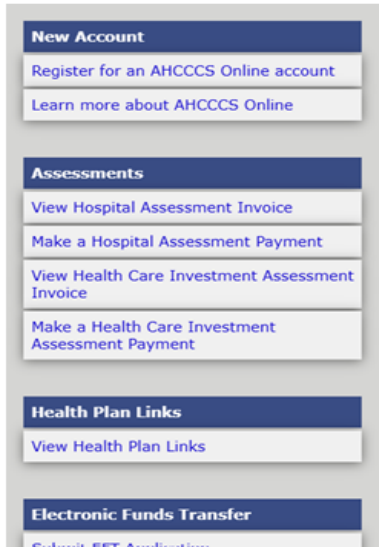
# IOP Prior Authorization Submission

## Step 1 Creating the Case List



# AHCCCS Sign-In

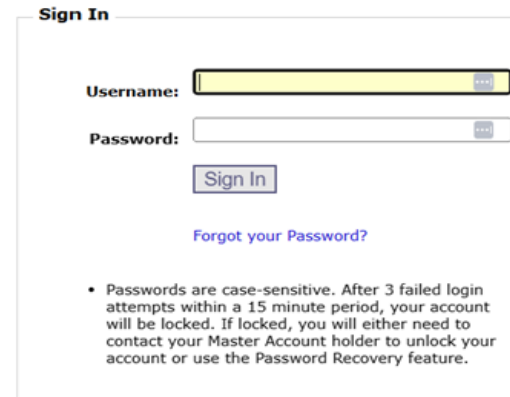
1. Login to AHCCCS Online Portal
2. Enter your username and Password
3. Select Sign In



The screenshot shows a vertical navigation menu with several categories and 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](#)

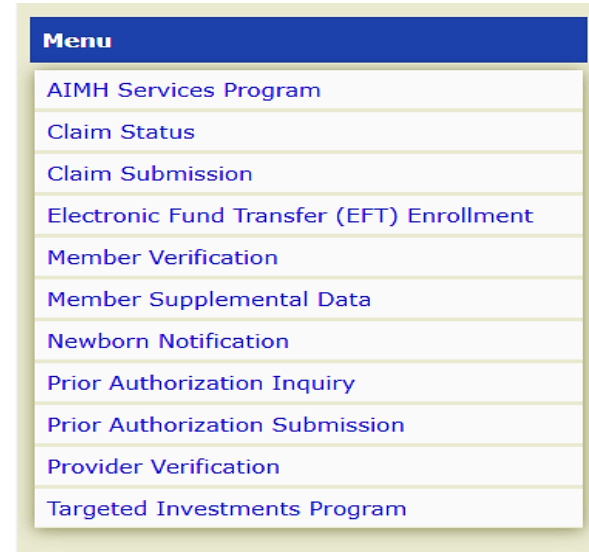
Thank you for visiting AHCCCS Online.



The screenshot shows the Sign In form with 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 text: "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 with the following items listed:

- [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](#)

On 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
<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claims Submission</a>
<a href="#">EFT Enrollment</a>
<a href="#">Member Verification</a>
<a href="#">Newborn Notification</a>
<a href="#">Prior Authorization Inquiry</a>
<b><a href="#">Prior Authorization Submission</a></b>
<a href="#">Provider Verification</a>
<a href="#">Provider Re-Enrollment/Revalidation</a>
<a href="#">Targeted Investments Program</a>

### 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 > \$200.00 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

**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. PICC 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 P&M).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

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**

# Notes:

**Make sure to read and complete any actions or requests noted by the prior authorization team.**

- Each IOP 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 the BHP. The admission must be supported by an assessment and documentation showing IOP 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 and may authorize continued stay for up to 60 days.
- Each RON must include a completed RON form, the current IOP treatment plan signed by a BHP, and seven consecutive days of progress notes immediately preceding the RON period.

# Step 1 Creating the Prior Authorization Case



# Step 1 Creating the IOP 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:\* ACUTE ▾


Search By:\* AHCCCS ID ▾

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 prior authorization case.

The screenshot displays a web interface for a Case List. At the top, there is a navigation bar with 'Case List' highlighted in a red box, and other links: 'PA Case Search', 'Case List' (also in a red box), '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 shows search criteria: 'Service provider' with 'Provider ID: XXXXXX', 'Provider Name: IOP', and 'NPI: 1234567890'. Below this, 'Search Dates' are set from 'Begin Date: 01/02/2026' to 'End Date: 03/02/2026'. A section titled 'Case List' contains a blue bar with the text 'No Records Found.' and a button labeled 'Add New Case' which is highlighted with a red box.

# Creating a New Case

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

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:*	<b>IOP Request</b>

**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 Name:

### Verify Case Information

AHCCS ID: A12345678

Provider ID: 000001

Service Provider NPI: 1234567890

Provider Contact Name:

Contact Phone Number:

Effective Begin Date: 02/01/2026

Effective End Date: 12/31/2026

Description: TOP

Submit

Edit

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.

If the Case information is correct click the **“Submit”** button

If you need to correct an error, Click the Edit button, make the corrections and click the **“Update/Submit”** button.

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

Each step in the PA submission process will require you to verify the information entered.

### Verify Case Information

AHCCCS ID:	
Provider ID:	auto
Service Provider NPI:	populate
Provider Contact Name:	
Contact Phone Number:	
Effective Begin Date:	02/01/2026
Effective End Date:	12/31/2026
Description:	IOP

### Verify Event Information

Case No:	000000000
Event Type:	Medical
Recipient AHCCCS ID:	A12345678
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:	IOP

### Verify Activity Information

Case Number:	000865179
Provider Contact Name:	auto populates
Contact Phone Number:	
Sequence Number:	01
Activity Type:	H (HCPCS)
Activity Code:	H0015 or S9480
Modifier:	
Allowed Units:	30
Note:	



# Step 2

## Completing the Event List



# Intensive Outpatient Program (IOP) Event Type Change to Come

AHCCCS intends to add the event type “IOP” for IOP PA requests. Until this option is added to the Prior Authorization portal, providers should continue to use event type **OP**.

- AHCCCS will send an email notification when the IOP option becomes available in the AHCCCS Online Provider Portal.

## Step 2 Completing the PA Event Tab

- 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: .	Name:	DOB: 10/25/1995	Gender: F
Case Detail			
Case No: 000865184	Begin Date: 02/01/2026	End Date: 12/31/2026	Status: PENDED
Event List			
No Records Found.			
<input type="button" value="Add New Event"/>			

In the **Event Type** field select Outpatient (OP) for IOP services. Enter the Requested Begin and End dates, diagnosis and description fields. Select **Next**. If the information entered is correct, select Submit. If a change is required, select the Edit button and make the correction.

### Enter Event Information

Case No:\* 000865184

Event Type:\* OUTPATIENT

Recipient AHCCCS ID:\*

Provider Contact Name:\* Peri Smith

Contact Phone Number:\*

Requested Begin Date:\* 02/01/2026

Requested End Date:\* 03/02/2026

Admit Date:

Discharge Date:

Diagnosis Code:\* F99 . 1

Description: IOP

### Verify Event Information

Case No: 000865184

Event Type: OP(OUTPATIENT)

Recipient AHCCCS ID:

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: IOP

# Step 3 Completing the Activity List



# Step 3. The Activity List page

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](#) | [Help](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. For assistance with a previously submitted PA, please contact the PA Support Group at 602-417-4400

Service provider			
Provider ID:	Provider Name:	NPI:	

Recipient			
AHCCCS ID:	Name:	DOB: 10/25/1995	Gender: F

Case Detail			
Case No: 000865186	Begin Date: 02/01/2026	End Date: 12/31/2026	Status: PENDED

Event Detail			
Sequence No: 01	Srv Begin Date: 02/01/2026	Srv End Date: 03/02/2026	Status: PENDED

Activity List			
No Records Found.			
<input type="button" value="Add New Activity"/>			



On the **Activity Information** page, Activity type, select HCPCS. Activity Code enter the level of care (H0015 or S9480). Complete the Allowed Units field with the total number of days for the PA request. Add notes if applicable. Click **Next**.

### Enter Activity Information

Case Number: 000865186

Provider Contact Name: [Redacted]

Contact Phone Number: [Redacted]

Sequence Number: 01

Activity Type: HCPCS

Activity Code: H0015

Modifier: [Redacted]

Allowed Units: 30

Note: IOP

### Verify Activity Information

Case Number: 000865186

Provider Contact Name: [Redacted]

Contact Phone Number: [Redacted]

Sequence Number: 01

Activity Type: H (HCPCS)

Activity Code: H0015

Modifier: [Redacted]

Allowed Units: 30

Note: IOP

# 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	OP	H0015	60	0.000	PENDING	PH009		<a href="#">Update</a>

[Add New Activity](#)

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.

# Viewing PA Case Notes







## Instructions: Prior Authorization Attachment Tool

## How to Attach Documentation to the PA Case for Clinical Review

1. On the Attachments tab, select (OP) 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** column.
3. Click **Submit** again to move the files to the “**Submitted Attachments**” column .
4. This is the final step in the upload process, and the documents will now be available for review by the PA team.

The screenshot displays the 'Attachments' interface. At the top, there are navigation links: 'PA Case Search | Case List | Event List | Activity List | Help'. A red notice states: '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.'

Below the notice is an 'Event Detail' section with the following information: Sequence No: 01, Service Begin Date: [empty], Service End Date: [empty], and Status: PENDING.

The main interface is a form with a blue border. It contains a 'Request Type' dropdown menu, a 'Select file to upload:' text input, a 'Browse...' button, and an 'Upload Attachment' button. To the right of the form, it specifies 'Max File Size: 20MB' and 'Accepted File Types: pdf, doc, docx, xls, xlsx, ppt, pptx'.

At the bottom of the form, there are two columns for attachment status: 'Pending Attachments' (highlighted with a red box) and 'Submitted Attachments' (highlighted with a green box). Both columns currently display the message: '\*\*\* NO PENDING ATTACHMENT(S) FOUND \*\*\*' and '\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*' respectively.



*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)