Prior Authorization (PA)
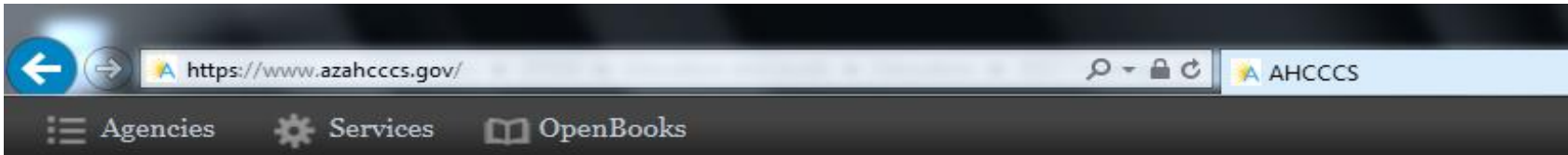
How to submit and obtain Prior Authorizations

March 9, 2017

Gold Room- 701 (3rd floor)

3:00 p.m. – 4:00 p.m.

https://www.azahcccs.gov/

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AZ.GOV
Arizona's Official Web Site

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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 web site can be terminated if the User Acceptance Agreement is violated.

AHCCCS Online User Manuals

Sign In

Username

Password

Sign In

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.

1	Enter Username
2	Enter Password

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Menu

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- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- **Prior Authorization Submission**
- Provider Verification
- Provider Re-Enrollment/Revalidation

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

Account Information

Username: NEMTraing01	
User: Albert Escobedo	
Type: Master	
IP: 170.68.102.23	
Provider ID: 007835	
Admin	

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 > $300.00 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 PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Prior Authorization Submission

1	Select the "Prior Authorization Submission" on the Menu
2	Click "Prior Authorization Submission"

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Prior Authorization Search

PA Recipient/Case Search	
* Indicates a required field.	

Search System:* ACUTE ▼

Search By:* AHCCCS ID ▼

AHCCCS ID:* [   ] (Ex. A12345678)

Service Provider ID:* --- SELECT--- ▼

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

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

[Search]   [Clear]

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

1	This is the "Prior Authorization Search" screen. Enter information in the fields marked with red asterisks. If you want to obtain information on the members PA history, you will need to enter information in the service begin and end date fields
2	Search System – Defaults to Acute
3	Search By – Clicking the ▼ allows you to search for by member, provider or case number.
4	AHCCCS ID - Enter AHCCCS members ID
5	Service Provider ID – Click the ▼ and select your provider id
6	Click "Search"

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Case 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. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider

Provider ID: 007835   **Provider Name:** NEMT TEST   **NPI:**

Search Dates

Begin Date: N/A   **End Date:** N/A

Case List

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
000000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON--EMERGENCY TRANSPORTATION	Update

Add New Case

1	This is the "Case List" screen – There may be no Cases if the member is new or it will have several Case numbers depending on the begin and end dates. For our training curriculum, as a test, we have entered several cases therefore, 2 Case numbers are listed on the image above.
2	If No Cases are listed, the same steps are taken as adding a New Case after clicking the "Add New Case".
3	If Cases are listed, you will select the Case that falls in the time frame you are entering a Date Of Service (DOS) for a PA that you are requesting (Example, a clients DOS is 03/15/17, you will select the Case with the time frame 01/01/17 – 12/31/17).

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Add New Case

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Enter Case Information

* Indicates a required field.

AHCCCS ID:*	A98734947
Service Provider ID:*	007835 ▼
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Effective Begin Date:*	
Effective End Date:*	
Description:*	

Next   Clear

1	This is the "Add New Case" screen, enter information in the fields marked with red asterisks
2	AHCCCS ID – Enter members AHCCCS ID
3	Provider Contact Name and Contact Number – Defaults to providers NPI/PI
4	Effective Begin Date – Enter the date you want the Case to begin
5	Effective End Date – Automatically defaults to end of year from begin date
6	Description – Enter a description of service types provided (Ex. Transportation)
7	Click "Next"

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Case 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.   Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

	Service provider		
Provider ID: 007835	**Provider Name:** NEMT TEST		**NPI:**

	Search Dates	
Begin Date: N/A		**End Date:** N/A

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
000000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON--EMERGENCY TRANSPORTATION	Update

Add New Case

NOTE:	Each screen are very similar, the title of each screen is at the top left corner
1	This is the "Case List" screen – The phrase "Transaction Succeeded" will appear in "red" under the Case List indicating that you have completed adding a new Case List for this member
2	The Case List you added will appear under the Case List, with each Case List being assigned a Case Number
3	Select the "Case No" of the PA request that you added

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Event 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.

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event List

No Records Found.

Add New Event

1	This is the "Event List" screen
2	Click "Add New Event", now you will be entering information about the event that you are requesting PA for

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Add New Event

Service provider

Provider ID: 007835 Provider Name: NEMT TEST NPI:

Recipient

AHCCCS ID: A98734947 Name: TEST, MEMBER DOB: 10/15/1949 Gender: M

Case Detail

Case No: 000000158 Begin Date: 01/01/2016 End Date: 12/31/2016 Status: PENDED

Enter Event Information

* Indicates a required field.

Field	Value
Case No:*	000000158
Event Type:*	ACUTE PSYCHIATRIC INPATIENT
Recipient AHCCCS ID:*	A98734947
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Requested Begin Date:*	
Requested End Date:*	
Admit Date:	
Discharge Date:	
Diagnosis Code:*	.
Description:	

Next Clear

1	This is the "Add New Event" screen, enter information in the fields marked with red asterisks
2	Case No – Defaults to the newly created Case entered or selected Case
3	Event Type – Click the ▼ and select an Event Type
4	Recipient AHCCCS ID, Provider Contact Name, Contact Phone Number – Defaults to the information that is associated to the members AHCCCS ID, providers NPI/PI information
5	Requested Begin Date – Enter the dates of service (transportation PA requests, enter the scheduled date of trip)

Add New Event

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Enter Event Information

* Indicates a required field.

Field	Value
Case No:*	000000158
Event Type:*	ACUTE PSYCHIATRIC INPATIENT
Recipient AHCCCS ID:*	A98734947
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Requested Begin Date:*	
Requested End Date:*	
Admit Date:	
Discharge Date:	
Diagnosis Code:*	.
Description:	

Next   Clear

	Continuation – "Add New Event" screen
6	Requested End Date – Enter end of service date
7	Diagnosis Code – Enter the diagnosis (Ex: R68.89) Separate the numbers according to the fields provided, note you do not have to enter the decimal in between the numbers
8	Description – Enter a detailed description for your PA request
9	Click "Next"
10	IF can select the "Clear" button if you want to re-enter/change anything

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Event 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.

Service provider

Provider ID: 007835   **Provider Name:** NEMT TEST   **NPI:**

Recipient

AHCCCS ID: A98734947   **Name:** TEST, MEMBER   **DOB:** 10/15/1949   **Gender:** M

Case Detail

Case No: 000000158   **Begin Date:** 01/01/2016   **End Date:** 12/31/2016   **Status:** PENDED

Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	OT	01/01/2016	01/01/2016		PENDED	PH009	R68.89	Update	Attachments

Add New Event

1	This is the "Event List" screen – **Transaction Succeeded in "red" will appear under the Event List**
2	Lists of entered Events will appear under the Event List and is assigned a number and placed in "sequence" order
3	Click on the "attachments" to submit attachments if needed.

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Attachments

AHCCCS will accept up to 9 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient

AHCCCS ID: A98734947   **Name:** TEST, MEMBER   **DOB:** 10/15/1949   **Gender:** M

Case Detail

Case No: 000000157   **Begin Date:** 01/01/2017   **End Date:** 12/31/2017   **Status:** PENDED

Event Detail

Sequence No: 02   **Service Begin Date:** 03/01/2017   **Service End Date:** 03/01/2017   **Status:** PENDED

Request Type: [▼]   **Select file to upload:** [_____] [Browse...] [Upload Attachment]

Dental
DME
Home Health
Home Infusion
Hospice
Lodging/Meals
Medical (IP)
Medical (OP)
Observation
Reconsideration
SNF
Surgical Request
Transport
Transport Behavioral Health
Transport Medical
UR-Concurrent
UR-Retro

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

Pending Attachments   **Submitted Attachments**

NDING ATTACHMENT(S) FOUND ***   *** NO SUBMITTED ATTACHMENT(S) FOUND ***

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801 E. Jefferson, Phoenix, AZ 85034

1	This is the "Attachments" screen
2	Request Type - Click the ▼ and select a Request Type
3	Click the "Browse" button to select to find your document on your computer
4	Click the "Upload Attachment" tab

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Event 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.

Service provider

Provider ID: 007835   **Provider Name:** NEMT TEST   **NPI:**

Recipient

AHCCCS ID: A98734947   **Name:** TEST, MEMBER   **DOB:** 10/15/1949   **Gender:** M

Case Detail

Case No: 000000158   **Begin Date:** 01/01/2016   **End Date:** 12/31/2016   **Status:** PENDED

Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	OT	01/01/2016	01/01/2016		PENDED	PH009	R68.89	Update	Attachments

Add New Event

1	This is the "Event List" screen
2	Lists of entered Events will appear under the Event List and is assigned a number and placed in "sequence" order
3	Click on the "sequence" number assigned to the Event you entered; in this case, "Sequence 01" (there may be more than one event but to complete the current PA request, select the Event you recently created)

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Activity List

Click "Add New Activity" button to create new activity.   Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity.

Service provider

Provider ID: 007835 **Provider Name:** NEMT TEST **NPI:**

Recipient

AHCCCS ID: A98734947 **Name:** TEST, MEMBER **DOB:** 10/15/1949 **Gender:** M

Case Detail

Case No: 000000158 **Begin Date:** 01/01/2016 **End Date:** 12/31/2016 **Status:** PENDED

Event Detail

Sequence No: 01 **Srv Begin Date:** 01/01/2016 **Srv End Date:** 01/01/2016 **Status:** PENDED

Activity List

No Records Found.

Add New Activity

1	This is the "Activity List" screen
2	Click "Add New Activity"

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Add New Activity

Service provider

Provider ID: 007835   **Provider Name:** NEMT TEST   **NPI:**

Recipient

AHCCCS ID: A98734947   **Name:** TEST, MEMBER   **DOB:** 10/15/1949   **Gender:** M

Case Detail

Case No: 000000158   **Begin Date:** 01/01/2016   **End Date:** 12/31/2016   **Status:** PENDED

Event Detail

Sequence No: 01   **Srv Begin Date:** 01/01/2016   **Srv End Date:** 01/01/2016   **Status:** PENDED

Enter Activity Information

* Indicates a required field.

Case Number:*	000000158
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Sequence Number:*	01
Activity Type:*	HCPCS
Activity Code:*	A0120
Modifier:	TN
Allowed Units:*	2
Note:	Enter Reasons for service

[Next]   [Clear]

1	This is the "Add New Activity" screen
2	Case No – Defaults to the newly created Case entered or selected Case
3	Provider Contact Name and Contact Number – Defaults to providers NPI/PI
4	Sequence Number – Defaults to the selected sequence number

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Add New Activity

Service provider		
Provider ID: 007835	Provider Name: NEMT TEST	NPI:

Recipient			
AHCCCS ID: A98734947	Name: TEST, MEMBER	DOB: 10/15/1949	Gender: M

Case Detail			
Case No: 000000158	Begin Date: 01/01/2016	End Date: 12/31/2016	Status: PENDED

Event Detail			
Sequence No: 01	Srv Begin Date: 01/01/2016	Srv End Date: 01/01/2016	Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:* 000000158
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Sequence Number:* 01
Activity Type:* HCPCS
Activity Code:* A0120
Modifier: TN
Allowed Units:* 2
Note: Enter Reasons for service

[Next] [Clear]

1	Continuation – "Add New Activity" screen
2	Activity Type – Click ▼ and select Activity Type
3	Activity Code – Enter Activity Code
4	Modifier – Enter a Modifier if it pertains to your request
5	Allowed Units – Enter Units
6	Note – Enter detailed information for PA request
7	Click "Next"

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Activity List

Click "Add New Activity" button to create new activity.   Click "Update" link to update the activity.   Approved activities cannot be updated online.   Please contact PA Group to update an approved activity

Service provider

Provider ID: 007835	**Provider Name:** NEMT TEST	**NPI:**

Recipient

AHCCCS ID: A98734947	**Name:** TEST, MEMBER	**DOB:** 10/15/1949	**Gender:** M

Case Detail

Case No: 000000158	**Begin Date:** 01/01/2016	**End Date:** 12/31/2016	**Status:** PENDED

Event Detail

Sequence No: 01	**Srv Begin Date:** 01/01/2016	**Srv End Date:** 01/01/2016	**Status:** PENDED

Activity List

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0120	TN	2.000	0.000	PENDED	PH009	7.2701	Update

[Add New Activity]

1	This is the "Activity List" screen - **Transaction Succeeded in "red" will appear under the Activity List**
2	The Activity you entered will appear under the Activity List with an assigned line number
3	Click "Add New Activity" – IF you want to add additional Activities to the same Event, you can do so

NOTE: Transportation request require 2 Activities:
    1. Enter the base (A120) 2. Enter for the mileage (S0215)

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Add New Activity

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event Detail

Sequence No: 01   Srv Begin Date: 01/01/2016   Srv End Date: 01/01/2016   Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:* UUUUUU158
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Sequence Number:* 01
Activity Type:* HCPCS
Activity Code:*
Modifier:
Allowed Units:*
Trip Count:*

Trip From

Site:* -----SELECT----
Service:* -----SELECT----

Trip To

Site:* -----SELECT----
Service:* -----SELECT----

Note:

[Next] [Clear]

1	This is the "Add New Activity" screen – IF you choose to enter the mileage for transportation
2	Case No – Defaults to the newly created Case entered or selected Case
3	Provider Contact Name and Contact Number – Defaults to providers NPI/PI
4	Sequence Number – Defaults to the selected sequence number

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Add New Activity

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event Detail

Sequence No: 01   Srv Begin Date: 01/01/2016   Srv End Date: 01/01/2016   Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:* 000000158
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Sequence Number:* 01
Activity Type:* HCPCS
Activity Code:*
Modifier:
Allowed Units:*
Trip Count:*

Trip From
Site:* -----SELECT----
Service:* -----SELECT----

Trip To
Site:* -----SELECT----
Service:* -----SELECT----

Note:

[Next]   [Clear]

	Continuation - Add New Activity screen (part 2)
5	Activity Type – Click ▼ and select Activity Type
6	Activity Code – Enter Activity Code
7	Modifier – Enter a Modifier if it pertains to your request
8	Allowed Units – Enter Units
9	Trip Counts – Enter Trip Counts

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Add New Activity

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event Detail

Sequence No: 01   Srv Begin Date: 01/01/2016   Srv End Date: 01/01/2016   Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:*	000000158
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Sequence Number:*	01
Activity Type:*	HCPCS
Activity Code:*	
Modifier:	
Allowed Units:*	
Trip Count:*	

Trip From

Site:*	-----SELECT----
Service:*	-----SELECT----

Trip To

Site:*	-----SELECT----
Service:*	-----SELECT----

Note:

Next   Clear

	Continuation - Add New Activity screen (part 3)
10	Trip From Site – Click ▼ and select location site from where you picked up member
11	Trip From Service - Click ▼ and select type of service member is receiving
12	Trip To Site - Click ▼ and select place you are taking member
13	Trip to Service - Click ▼ and select the type of service the member is receiving

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Add New Activity

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event Detail

Sequence No: 01   Srv Begin Date: 01/01/2016   Srv End Date: 01/01/2016   Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:*	000000158
Provider Contact Name:*	Albert Escobedo
Contact Phone Number:*	602-417-4562
Sequence Number:*	01
Activity Type:*	HCPCS ▼
Activity Code:*	
Modifier:	
Allowed Units:*	
Trip Count:*	

Trip From

Site:*	-----SELECT---- ▼
Service:*	-----SELECT---- ▼

Trip To

Site:*	-----SELECT---- ▼
Service:*	-----SELECT---- ▼

Note: [ ]

[Next]   [Clear]

Continuation - Add New Activity screen (part 4)

14	Note – Enter detailed information for the PA request
15	Click "Next"

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Activity List

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Recipient

AHCCCS ID: A98734947   Name: TEST, MEMBER   DOB: 10/15/1949   Gender: M

Case Detail

Case No: 000000158   Begin Date: 01/01/2016   End Date: 12/31/2016   Status: PENDED

Event Detail

Sequence No: 01   Srv Begin Date: 01/01/2016   Srv End Date: 01/01/2016   Status: PENDED

Activity List

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0120	TN	2.000	0.000	PENDED	PH009	7.2701	Update
02	HCPCS	S0215	TN	150.000	0.000	PENDED	PH009	1.5300	Update

Add New Activity

1	This is the "Activity List" screen - **Transaction Succeeded in "red" will appear under the "Activity List"**
2	Line Numbers will appear under the Activity List
3	Click "Add New Activity" – If you want to add additional Activities to the same Event, you can add multiple Activities
4	Prior Authorization request is COMPLETE! If you need to submit a request for another activity on a different date of service, click on "PA Case Search" (in blue letters) top-right side of the page and start the process from the beginning.

Prior Authorization Timelines

Authorizations should be submitted in advance to allow time for processing:

- Regular Prior Authorizations requests can take up to 14 days

- Expedited Prior Authorizations requests can take up to 3 days

Providers can check the status of the Prior Authorization request through the PA online portal.

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Prior Authorization Expedited Requests

Urgent/Expedited requests should be submitted online with supporting documentation, and a call must be made to the FFS PA staff that an *expedited* request has been submitted. You can review the status of your request using the online PA portal. Expedited authorization requests should indicate why expedited review is required. If expedited review is being requested for facility admissions, or for services that must be delivered urgently, this information should be clearly indicated at the time of the expedited authorization request.

FFS Prior Authorization phone line: 602-417-4400
Online system: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f

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Prior Authorization Forms & requesting PA via fax

PA requests can also be submitted by fax but the preferred method of all PA request submission is via the online PA Portal. All mandatory fields on the form(s) must be completed accurately when submitting the request via fax:

1. **The Fee-For-Service Authorization Request Forms** can be found at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorization forms.html

- **Fee-for-service Authorization Request Form-to is** be completed by a registered provider to request for an authorization. Complete the form and use the form as a fax cover sheet, include supporting documentation, if needed.

- **Fee-for-service Prior Authorization Medical Documentation Form -** used to submit additional documentation that has not been previously submitted and is requested to substantiate medical necessity.

- **Prior Authorization Correction Form** – used to request changes to an existing Prior Authorization. Any additional medical documentation for this request should be submitted with this request.

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Prior Authorization Fax

You may fax the Fee-for-service form(s) for the AHCCCS FFS Fax Numbers:

Prior Authorizations Fax: 602-256-6591

Transportation Fax: 602-254-2431

Utilization Review Fax: 602-254-2304

Long Term Care (LTC) Fax: 602-254-2426

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Contacts and Links:

For technical assistance regarding claims issues and training, please email
ProviderTrainingFFS@azahcccs.gov

Please direct Prior Authorization or Claims/Billing inquiries to:

Fee-For-Service Prior Authorization Line: 602-417-4400
Fee-For-Service Claims Customer Service: 602-417-7670

For questions regarding the provider registration process, please call 602-417-7670. Applications can be faxed to 602-256-1474.

For technical assistance with your AHCCCS online web portal, please call AHCCCS ISD Customer Support Desk at 602-417-4451

To subscribe to receive notifications from DFSM, click this link:
https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html

Please take a few minutes to complete a survey on today's training session. We appreciate your feedback. Here is the survey link:
https://www.surveymonkey.com/r/MCM3BHL

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Questions?

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Thank You.

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