



Claim Submission using the AHCCCS Online Provider Portal

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

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

October 2020



AHCCCS Online Provider Portal

AHCCCS Online Provider Portal

The AHCCCS Online Provider Portal can be used for:

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

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

AHCCCS Online Provider Portal

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

Providers must have a valid Username and Password to use the portal.

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

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

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

Master Account Holder

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

Note: The master account holder is typically the first employee or agent to register an account from that provider. However, another user can be designated as the master account holder at the provider's request.

Master Account Holder

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

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

Master Account Holder

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

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

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

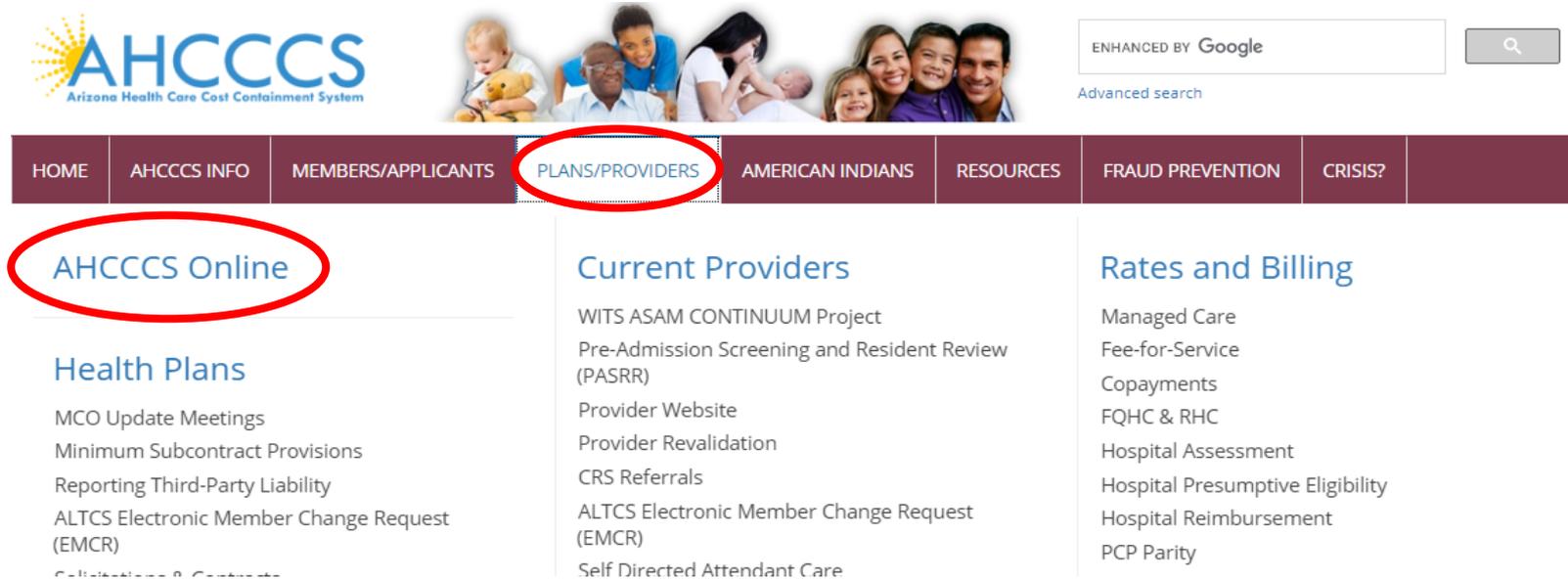
Please keep your login information safe and remember account information may not be shared. <https://azweb.statemedicaid.us>

The AHCCCS Online Provider Portal

Accessing and Logging-In to Submit Claims

AHCCCS Online

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



The screenshot shows the AHCCCS website interface. At the top left is the AHCCCS logo with the text "Arizona Health Care Cost Containment System". To the right is a search bar with the text "ENHANCED BY Google" and a search icon. Below the search bar is a navigation menu with the following items: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS (circled in red), AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. Below the navigation menu, the "AHCCCS Online" link is circled in red. The main content area is divided into three columns: "Health Plans" (with sub-items: MCO Update Meetings, Minimum Subcontract Provisions, Reporting Third-Party Liability, ALTCS Electronic Member Change Request (EMCR), and Self Directed Attendant Care), "Current Providers" (with sub-items: WITS ASAM CONTINUUM Project, Pre-Admission Screening and Resident Review (PASRR), Provider Website, Provider Revalidation, CRS Referrals, ALTCS Electronic Member Change Request (EMCR), and Self Directed Attendant Care), and "Rates and Billing" (with sub-items: Managed Care, Fee-for-Service, Copayments, FQHC & RHC, Hospital Assessment, Hospital Presumptive Eligibility, Hospital Reimbursement, and PCP Parity).

AHCCCS Online

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



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

New Account

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

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

Hospital Assessment

[View Hospital Assessment Invoice](#)

[Make a Hospital Assessment Payment](#)

Health Plan Links

[View Health Plan Links](#)

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the website can be terminated if the Terms of Use are violated.

TRBHA MEMBER TRANSPORT Effective 01/01/2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

ATTENTION! For information regarding the Coronavirus, please refer to the [AHCCCS COVID-19 website](#) for ADHS and CDC resources and [AHCCCS Frequently Asked Questions](#).

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

AHCCCS Online User Manuals

Sign In

Username

Password

[Sign In](#)

1 Enter Username

2 Enter Password

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

Main Page

Select Claim Submission on the main menu located on the left side of the screen.

The screenshot shows the AHCCCS Main Page. At the top is a navigation bar with links for Main, FAQ, Terms Of Use, and LogOut. Below this is a 'Menu' section with a list of options: AIMH Services Program, Claim Status, Claims Submission (highlighted with a red box and a blue arrow), EFT Enrollment, Member Verification, Newborn Notification, Prior Authorization Inquiry, Prior Authorization Submission, Provider Verification, Targeted Investments Program, and Members Supplemental Data. Below the menu is a 'Support and Manuals' section with a link to AHCCCS Online User Manuals. The main content area is titled 'Main Page' and contains a security warning: '▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲ AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.' Below the warning are three sections: 'AIMH SERVICES PROGRAM' (describing services for American Indian Medical Home Program), 'CLAIM STATUS' (describing how to check claim status), and 'CLAIM SUBMISSION' (describing how to submit claims).

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.

For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

Professional CMS 1500

General Billing Information

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

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

General Billing Information

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

General Billing Information

On a CMS-1500 Claim Form:

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

Claim Submission

Claims Submission Page

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

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

Enter New Claim

Type of Claim: Professional



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

View Claim Processing Status

Submission Date(s): -

Professional Claim Submission Page

Professional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Submitter							
Organization Name: NEMT TEST							
Electronic Transmitter ID Number: 99222							
Information Contact Name: Provider, Training							
Information Contact Telephone Number: 602-417-4000							

Verify Provider Information

Confirm the Submitter information is correct

Then Click the **Providers tab at the top of the page**

Billing Provider Tab

Billing Provider Tab

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

Tax ID Field

Professional Claim Submission

[Help](#)

* Indicates a required field.

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



Enter the 9 digit TAX ID number and click on EIN

NPI or AHCCCS ID

Professional Claim Submission

[Help](#)

* Indicates a required field.

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

Billing Provider

* Tax ID: SSN EIN

Provider Commercial Number:

* **CMMS National Provider ID (NPI):**

* Entity Type: Person Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name: NEMT TEST

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

If you do have an NPI enter the number in the CMMS National Provider ID field
Click Find when you have completed the required fields.

Entity Type Qualifier

Click your entity type: Person or Non-Person

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

When done entering all the required fields, click the "find" button

Click person (if the ID number comes up as a person's name or Non-person (if the ID comes up with a company's name)

Pay-To-Locator/Address

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

Selecting locator code is **required** for service and pay-to-locator.

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

<input type="button" value="Save"/>	<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>
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**DO NOT CLICK
SAVE OR SUBMIT**

Rendering Provider Tab

Rendering Provider Tab

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

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

* Indicates a required field.

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

- Provider Commercial Number:** 007835 (indicated by a blue arrow from a callout box).
- * CMMS National Provider ID (NPI):** (indicated by a blue arrow from a callout box).
- * Entity Type:** Person Non-Person
- Provider Name:**
- Health Care Provider Taxonomy Code:**
- Find** button (indicated by a red arrow from a callout box).
- Buttons: ~~Save~~, ~~Submit~~, Cancel (The Save and Submit buttons have red X marks over them).

Callout boxes provide additional instructions:

- Top right: "Providers without an NPI will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. Leave the NPI field blank."
- Bottom left: "If you do have an NPI enter the number in the CMMS National Provider ID field Click Find when you have completed the required fields."
- Bottom right: "Click 'Find' -Provider information should be displayed"

Patient/Subscriber Tab

Patient/Subscriber Tab

Enter the member's **AHCCCS ID and Date of Birth (MM/DD/YYYY)** click FIND and verify the member's information.

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Insured or Subscriber							
* Member ID Number/Date of Birth: <input type="text" value="A10093242"/> <input type="text" value="06/23/1988"/> <input type="button" value="Find"/>							
Person Name: AHCCCS, SEDONA							
Gender: F							
Residential Address: 701 E JEFFERSON ST PHOENIX, AZ 85038							
* Payer Responsibility: <input type="text" value="P - Primary"/> <input type="button" value="v"/>							
NOTE: AHCCCS no longer accepts ADOC claims.							

Patient/Subscriber Tab

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

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

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Insured or Subscriber							
		* Member ID Number/Date of Birth:		<input type="text" value="A10093242"/>	<input type="text" value="06/23/1988"/>	<input type="button" value="Find"/>	
Person Name: AHCCCS, SEDONA							
Gender: F							
		Residential Address:		<input type="text" value="701 E JEFFERSON ST
PHOENIX, AZ 85038"/>			
		* Payer Responsibility:		<input type="text" value="P - Primary"/>			
<small>NOTE: AHCCCS no longer accepts ADOC claims.</small>							

Attachments Tab

If no attachments, click “Claim Information” tab next

Attachments Tab

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

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

Attachments Tab

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

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

Attachments Tab

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

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

Attachments (1-10):

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

Control Number (PWK number)

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

AHCCCS ID (9-character AHCCCS ID)

A12345678

The A in AHCCCSID must be in uppercase

Date of Service

01/03/18

PWK for Claim 1, Document 1

A1234567801032018

Different AHCCCS ID member with the Same Date of Services

AHCCCS ID (9-character AHCCCS ID)

A87654321

The A in AHCCCSID must be in uppercase

Date of Service

01/03/18

PWK for Claim 2, Document 2

A8765432101032018

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



Claim Information Tab

Claim Information Tab

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

Claim Information

Original Reference Number: Replacement Void

Prior Authorization Number:

*** Patient Control Number:**

(Accident)

Payment Other Accident Auto Accident

(State)

Provider Signature on File: Yes No

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

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

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

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

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

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

Claim Information Tab

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

Original Reference Number: Replacement Void

Prior Authorization Number:

*** Patient Control Number:**

Medical Record ID Number:

Initial Treatment Date:

Date of Current Injury: (Accident)

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

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

Special Program Indicator:

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

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

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

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

Claim Information Tab

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

Service Lines Tab

Service Lines Tab

On the left side click the radio dial next to ICD-10. **NOTE: Effective 10/01/15, you must select ICD-10**

To the right side of the screen you will see the Diagnosis Codes field. Up to 12 DX codes can be entered WITHOUT the decimal.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)							
* Standard: <input checked="" type="checkbox"/> ICD-9 <input type="checkbox"/> ICD-10							
* Diagnosis Codes: 1 <input type="text" value="R6889"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>							
7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/>							
Service Line							
* Diagnosis Code Pointers: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
* Service Dates: <input type="text" value="09/23/2019"/> - <input type="text" value="09/23/2019"/>							
* Line Charges: \$ <input type="text" value="14.54"/>							
* Place of Service Code (POS): <input type="text" value="99 - OTHER UNLISTED FACILITY"/>							
* Quantity: <input type="text" value="2"/> <input type="radio"/> Minutes <input checked="" type="radio"/> Units							
Modifier Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>							
* HCPCS Code: <input type="text" value="A0120"/>							
Prescription Date: <input type="text"/>							
National Drug Code: <input type="text"/>							
**Prescription #/Identifier: <input type="text"/>							

Service Lines Tab

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

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)							
* Standard: X ICD-9 <input type="radio"/> ICD-10 <input checked="" type="radio"/>		* Diagnosis Codes: 1 R6889 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/>					
Service Line							
* Diagnosis Code Pointers: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
* Service Dates: 09/23/2019 - 09/23/2019							
* Line Charges: \$ 14.54		* Place of Service Code (POS): 99 - OTHER UNLISTED FACILITY <input type="text"/>					
* Quantity: 2 <input type="text"/> <input type="radio"/> Minutes <input checked="" type="radio"/> Units		Modifier Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>					
* HCPCS Code: A0120 <input type="text"/>		Prescription Date: <input type="text"/>					
National Drug Code: <input type="text"/>		**Prescription #/Identifier: <input type="text"/> <input type="text"/>					

Service Lines Tab

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)							
* Standard: X ICD-9 <input checked="" type="radio"/> ICD-10		* Diagnosis Codes: 1 <input type="text" value="R6889"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>					
		7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/>					
Service Line							
* Diagnosis Code Pointers: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
* Service Dates: <input type="text" value="09/23/2019"/> - <input type="text" value="09/23/2019"/>							
* Line Charges: \$ <input type="text" value="14.54"/>							
* Quantity: <input type="text" value="2"/> <input type="radio"/> Minutes <input checked="" type="radio"/> Units							
* HCPCS Code: <input type="text" value="A0120"/>							
National Drug Code: <input type="text"/>							

- Enter the to and from dates of service
- Line Charges
- Number of Units or Minutes
- HCPCS code (procedure code)

Service Lines Tab

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

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

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

Service Line

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

*** Place of Service Code (POS):** ▾

Modifier Codes: 1 2 3 4

Prescription Date:

National Drug Code:

****Prescription #/Identifier:** ▾

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

Service Line

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

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

* **Line Charges:** \$ 14.54

* **Place of Service Code (POS):**

* **Quantity:** 2 Minutes Units

Modifier Codes: 1 2 3 4

* **HCPCS Code:** A0120

Prescription Date:

National Drug Code:

****Prescription #/Identifier:**

****NDC Quantity/Measure:**

Taxonomy Code: (Performing HC Provider)

Immunization Batch Number:

Patient Count:

Indicators: Emergency EPSDT

Provider Control Number:

****Other Payer:** Primary ID Paid Amount \$ Units Procedure Code/Qualifier

****Medicare:** Paid Amount \$ Units Procedure Code/Qualifier

Other Adjustment(s): Medicare Deductible \$ Medicare Coinsurance \$ Medicare Copay \$

****Durable Medical Equipment:** HCPCS Purchase Price \$ Rental Price \$ Length of Medical Necessity

Last Name First Name City

Add

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

When done, click the ADD button to clear the screen and allow you to enter a new service line if applicable.

Service Lines – Continued

Add

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

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	Medicare Coinsurance Amount	Medicare Copay Amount	Other Payer ID																					
1	9/23/2019	9/23/2019	03	A0120						0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	UN	14.54		0																																				
																							Totals:	\$14.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																							

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

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

Update

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

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	Medicare Coinsurance Amount	Medicare Copay Amount	Other Payer ID																					
1	9/23/2019	9/23/2019	03	A0120	-	-	-	-	-	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	UN	14.54	-	0	-	-	-	-																																
																							Totals:	\$14.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																							

Confirmation Screen

Claim Entry Confirmation

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

Attachments

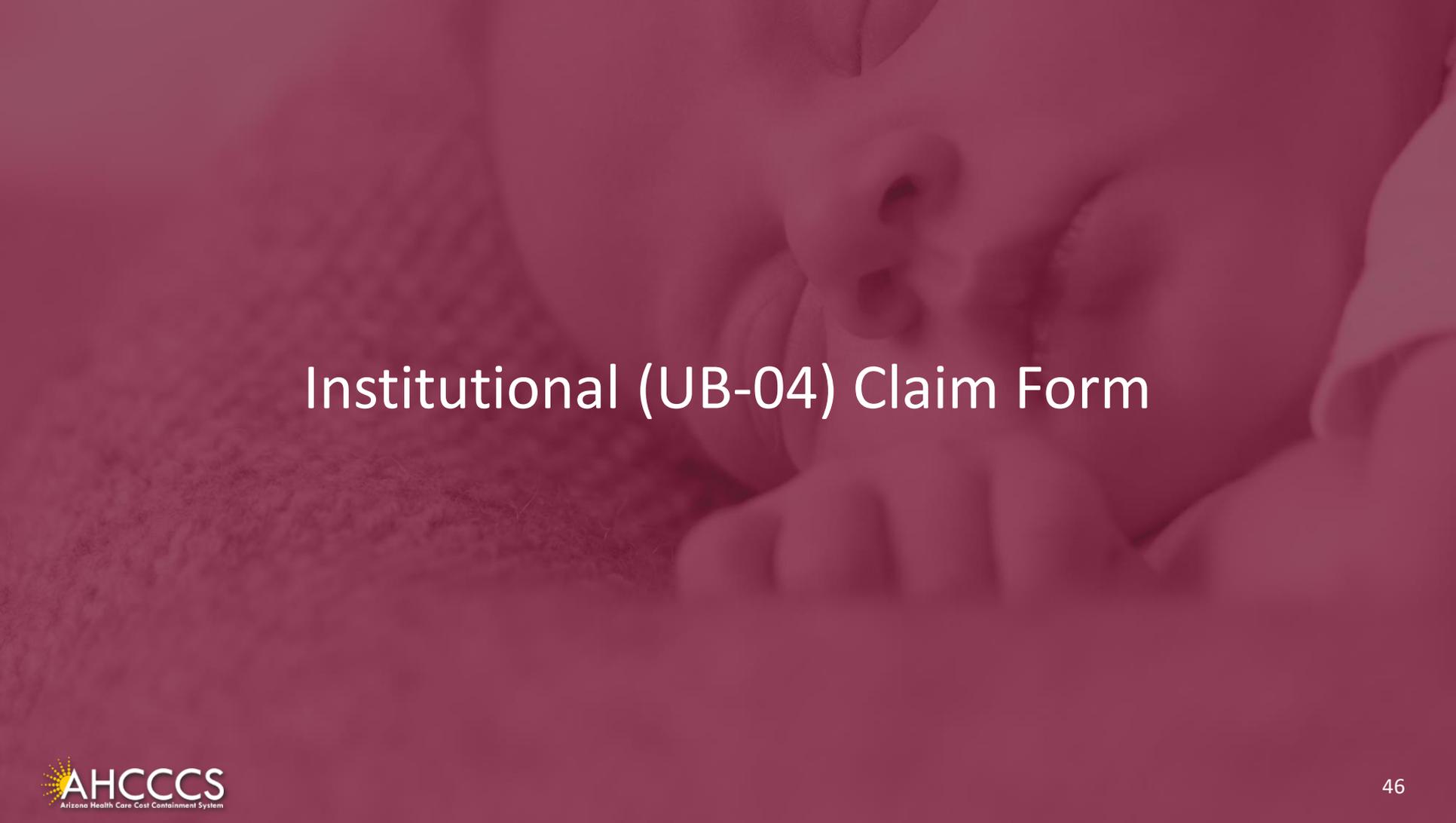
You can go to the 275 portal to upload your document by clicking on the attachment link

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

View Claim

Enter New Claim

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



Institutional (UB-04) Claim Form

General Billing Information

The UB-04 claim form is used to bill for:

- IHS/638 Facility Inpatient and Outpatient Claims for Title XIX (Medicaid) for reimbursement at the AIR;
- Inpatient Title XXI (KidsCare) members;
- Nursing facility services;
- Free-standing birthing centers;
- Hospice services;
- Residential Treatment Center (RTC) services; and
- Dialysis facility services.

General Billing Information

- **Claim Form:** UB-04 Claim Form (Institutional)
- **Diagnosis Code:** ICD-10
- **Revenue Code:** The appropriate revenue code for the services provided are used to bill facility line-item services.
- **CPT/HCPCS Codes:** The appropriate CPT/HCPCS Code must be used to identify the service(s) rendered.
- **Modifiers:** The appropriate modifiers should always be used, in accordance with national coding standards.

AHCCCS hosts a coding resource webpage on the Medical Coding Resources webpage at:

- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

General Billing Information

On a UB-04 Claim Form:

- For detailed, step-by-step instructions on how to fill out the UB-04 Claim Form please visit Chapter 6, of the FFS Provider Billing Manual at:
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap06.pdf

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

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

Enter New Claim

Type of Claim: ▼
Professional
Institutional
Dental

Go...

View Claim Processing Status

Submission Date(s): -

Go...

- 1 Enter New Claim – Select Institution on the ▼
- 2 Click on “Go” ...

Institutional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Submitter Organization Name: TEST/CASE Electronic Transmitter ID Number: 99222 Information Contact Name: Escobedo, Albert Information Contact Telephone Number: 602-417-4562							

- 1 This is the Submitter screen– verify the correct provider information (some providers have more than 1 ID)
- 2 Select the Providers tab next

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Billing Provider	Referring Provider	Service Facility	Attending Provider	Operating Provider			

Billing Provider

* Tax ID: SSN EIN

Provider Commercial Number:

* CMMS National Provider ID (NPI):

* Entity Type: Person Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name:

Information Contact Name:

Information Contact Telephone Number:

Service Locator Code/Address:

Pay-To Locator Code/Address:

- 1 This is the Billing screen – fill out all the areas marked by red asterisks
- 2 Tax ID – enter biller or group tax ID
- 3 CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank (Hospital or facility can only bill using the NPI number)
- 4 Entity type – select “non-person”
- 5 Click Find – either hospital or facility information should be displayed
- 6 Select the Referring tab next

Institutional Claim Submission

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Billing Provider	Referring Provider	Service Facility	Attending Provider	Operating Provider			

Referring Provider (Person)

Provider Commercial Number:

CMMS National Provider ID (NPI):

Provider Name:

- 1 This is the Referring Provider screen
- 2 CMMS National Provider ID– Enter NPI number
- 3 Click Find – the Referring Provider information should be displayed
- 4 Select the Attending Provider tab next

Institutional Claim Submission

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Billing Provider	Referring Provider	Service Facility	Attending Provider	Operating Provider			

Attending Physician

Provider Commercial Number:

National Provider ID (NPI):

Person Name:

- 1 This is the Attending Provider screen – required for Institutional/UB
- 2 National Provider ID (NPI) - Enter NPI number
- 3 Click Find – the Attending Provider information should be displayed
- 4 Select the Patient/Subscriber tab next

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
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Insured or Subscriber

*** Member ID Number/Date of Birth:**

Person Name: TEST, MEMBER S

Gender: F

Residential Address: 701 E JEFFERSON
PHX, AZ 85039

*** Payer Responsibility:** ▼

NOTE: AHCCCS no longer accepts ADOC claims.

- 1 This is the Patient/Subscriber screen – fill out all the areas marked by red asterisks
- 2 Member ID number/Date of Birth – Enter the members AHCCCS ID and date of birth
- 3 Payer Responsibility – select P-Primary
- 4 Click Find – member information should be displayed
- 5 Select the Codes/Values tab next

Institutional Claim Submission

[Help](#)

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Procedure Codes	Diagnosis Codes	Condition Codes	Occurrence Codes	Value Codes			
Procedure Information							
** Principal Code/Date:		<input type="text"/>	<input type="text"/>				
	Code	Date **		Code	Date **		
	1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	
	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	
Other Procedures (1-12):	5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	
	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>	
	9	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	
	11	<input type="text"/>	<input type="text"/>	12	<input type="text"/>	<input type="text"/>	

** Required ONLY if Procedure Code is submitted.

- 1 This is the Codes/Values screen
- 2 Principal Code/Date – If billing for inpatient, enter procedure code/s and date
- 3 Select the Diagnosis Codes tab next

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Procedure Codes	Diagnosis Codes	Condition Codes	Occurrence Codes	Value Codes			
Diagnosis Information							
* Principal Diagnosis Code:		<input type="text" value="7999"/>	Present on Admission:		<input type="text"/>		
Admitting Diagnosis Code:		<input type="text"/>					
External Cause of Injury Codes (1-12):		1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
		7 <input type="text"/>	8 <input type="text"/>	9 <input type="text"/>	10 <input type="text"/>	11 <input type="text"/>	12 <input type="text"/>
		Code	Present on Admission	Code	Present on Admission		
		1 <input type="text"/>	<input type="text"/>	2 <input type="text"/>	<input type="text"/>		
		3 <input type="text"/>	<input type="text"/>	4 <input type="text"/>	<input type="text"/>		
Other Diagnosis (1-12):		5 <input type="text"/>	<input type="text"/>	6 <input type="text"/>	<input type="text"/>		
		7 <input type="text"/>	<input type="text"/>	8 <input type="text"/>	<input type="text"/>		
		9 <input type="text"/>	<input type="text"/>	10 <input type="text"/>	<input type="text"/>		
		11 <input type="text"/>	<input type="text"/>	12 <input type="text"/>	<input type="text"/>		
				Submit	Cancel		

1 This is the Diagnosis Codes tab

2 Principal Diagnosis Code – Enter the Principal Diagnosis Code

3 For the rest of the fields on this screen, enter information if they apply to you

4 Select the Claim Information tab next

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Claim Information							
* Provider Accept Assignment: <input checked="" type="radio"/> Assigned <input type="radio"/> Accepted on Clinical Lab Services Only <input type="radio"/> Not Assigned						Admission Type: <input type="text"/>	
* Benefit Assignment: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable						* Admission Date: <input type="text"/>	
* Release of Information: <input checked="" type="radio"/> Informed Consent <input type="radio"/> Yes						Admission Time: <input type="text"/> (HHMM)	
* Patient Control Number: <input type="text" value="999999999"/>						Discharge Time: <input type="text"/> (HHMM)	
* Patient Status: <input type="text" value="30 - STILL PATIENT"/>						* Statement From/To Date: <input type="text"/> - <input type="text"/>	
Admission Source: <input type="text"/>						* Claim Form Bill Type: <input type="text"/>	
Delay Reason Code: <input type="text"/>						Medical Record ID #: <input type="text"/>	
* Total Claim Charge Amount \$ <input type="text" value="4440"/> (Total for all service lines)						Original Reference #: <input type="text"/>	
* Facility Type Code: <input type="text" value="31 - SKILLED NURSING FACILITY"/>						Prior Authorization #: <input type="text"/>	

- 1 This is the Claim information screen – fill out all the areas marked by red asterisks
- 2 Provider Accept Assignment – select “Assigned” if you are accepting payment from AHCCCS
- 3 Benefit Assignment – select “Not Applicable”
- 4 Release of Information Consent – select “Informed Consent” if a signed consent by the patient to release medical data is on file
- 5 Patient Control Number – Enter patients acct # or AHCCCS ID depending on your office
- 6 Patient Status – click the ▼ and choose from the list

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Claim Information							
* Provider Accept Assignment: <input checked="" type="radio"/> Assigned <input type="radio"/> Accepted on Clinical Lab Services Only <input type="radio"/> Not Assigned				Admission Type: <input type="text"/>			
* Benefit Assignment: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable				* Admission Date: <input type="text" value="12/01/2016"/>			
* Release of Information: <input checked="" type="radio"/> Informed Consent <input type="radio"/> Yes				Admission Time: <input type="text"/> (HHMM)			
* Patient Control Number: <input type="text" value="99999999"/>				Discharge Time: <input type="text"/> (HHMM)			
* Patient Status: <input type="text" value="30 - STILL PATIENT"/>				* Statement From/To Date: <input type="text" value="01/01/2017"/> - <input type="text" value="01/01/2017"/>			
Admission Source: <input type="text"/>				* Claim Form Bill Type: <input type="text" value="212"/> (Original)			
Delay Reason Code: <input type="text"/>				Medical Record ID #: <input type="text"/>			
* Total Claim Charge Amount: \$ <input type="text" value="44440"/> (Total for all service lines)				Original Reference #: <input type="text"/>			
* Facility Type Code: <input type="text" value="31 - SKILLED NURSING FACILITY"/>				Prior Authorization #: <input type="text"/>			
* Standard: <input type="radio"/> ICD-9 <input checked="" type="radio"/> ICD-10				Location: <input type="text"/> (Auto Accident State)			

Continuation in the Claim information screen

- 7 Total Claim Charge Amount – Enter the total charges from the whole claim
- 8 Facility Type Code –click the ▼ and choose from the list
- 9 Standard – select ICD-10
- 10 If inpatient – Enter Admission type - click the ▼ and choose from the list
- 11 If inpatient – Enter Admission date – Enter the date the member was seen
- 12 If inpatient – Enter Admission/Discharge time
- 13 Statement From date span or single date
- 14 Select the Service Lines tab next

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Service Line							
* Service Dates: 01/01/2017 - 01/31/2017		* Service Unit Count: 31 <input type="radio"/> Days <input checked="" type="radio"/> Units		** Revenue Code: <input type="text"/>		* Line Item Charge Amount: \$ 4440.00	
** HCPCS: <input type="text"/>		Non-Covered Charge Amount: \$ <input type="text"/>		National Drug Code (5-4-2 Format): <input type="text"/>		Medicare Deductible/Quantity: \$ <input type="text"/>	
NDC Quantity/Measurement: <input type="text"/> <input type="text"/>		Medicare Copayment/Quantity: \$ <input type="text"/>		Procedure Modifiers: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		Medicare Coinsurance/Quantity: \$ <input type="text"/>	
Provider Control Number: <input type="text"/>		Date Claim Paid: <input type="text"/>		Prescription Number/Reference ID: <input type="text"/>			
<input type="button" value="Add"/>							
** Either Revenue Code or HCPCS Code required for the service line.							

- 1 This is the Service Lines screen - fill out all the areas marked by red asterisks
- 2 Service Dates – Enter the date(s) of service
- 3 Revenue Code – Enter a Revenue Code
- 4 Service Unit Count – enter the unit or days you are billing
- 5 Line Item Charge Amount – Enter the dollar amount that will be charged to the line billed
- 6 Click Add to complete the entry - you can enter additional lines, if needed

Prescription Number/Reference ID:

** Either Revenue Code or HCPCS Code required for the service line.

Line No.	Rev. Code	HCPCS	NDC	NDC Quantity	Mod 1	Mod 2	Mod 3	Mod 4	Begin Date	End Date	Medicare Deductible Amount	Medicare Quantity	Medicare Coinsurance Amount	Medicare Quantity	Medicare Copayment Amount	Line Item Charge Amount	Service Unit Count	Non Provider Covered Amount	Control Number
	1	0192		0					06/01/16	06/30/16		0		0		0	4,440.00	30 UN	
Totals:											\$0.00		\$0.00		\$0.00		\$4,440.00		\$0.00

1 All added lines will appear at the bottom of the screen

2 Click Submit if you are done

Claim Entry Confirmation

Transmission Status: Successful
Claim Type: Institutional
Patient Account Number: 9999999999
Confirmation Code: 1-90

Error:

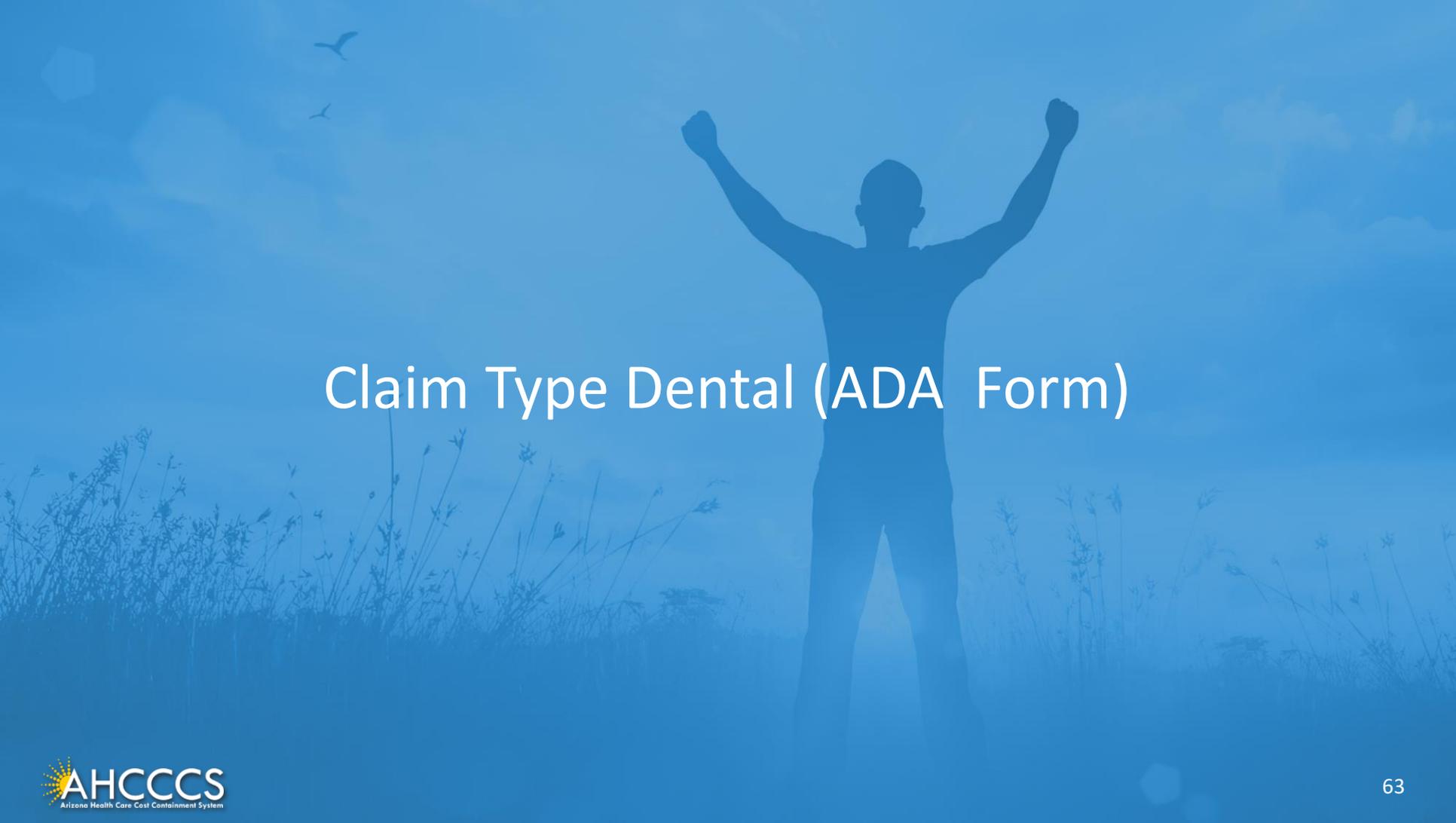
Attachments

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

View Claim

Enter New Claim

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

A blue-tinted background image featuring a silhouette of a person standing in a field of tall grass with their arms raised in a celebratory gesture. The sky is light blue with a few birds flying in the distance.

Claim Type Dental (ADA Form)

General Billing Information

The ADA 2012 claim form is used to bill for dental claims.

AHCCCS will only accept the ADA 2012 claim form. Other ADA forms received will be returned to the provider.

For detailed, step-by-step instructions on how to fill out the ADA 2012 Claim Form please visit Chapter 7, of the FFS Provider Billing Manual at:

- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap07.pdf

General Billing Information

- **Claim Form:** ADA 2012 Claim Form (Dental)
- **Diagnosis Code:** When an applicable dental claim requires a diagnosis, code, it must use an ICD-10 diagnosis code.
- **CPT/HCPCS Codes:** Enter the appropriate CDT procedure code from the CDT-4 Manual.

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

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

Enter New Claim

Type of Claim:

- Professional
- Professional
- Institutional
- Dental

View Claim Processing Status

Submission Date(s): -

1 Enter New Claim – Select Dental in the ▼

2 Click on “GO”...

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Attachments	Tooth Status	Claim Information	Service Lines
Submitter							
Organization Name: TEST/CASE							
Electronic Transmitter ID Number: 99222							
Information Contact Name: Escobedo, Albert							
Information Contact Telephone Number: 602-417-4562							

- 1 This is the Submitter screen– verify the correct provider information (some providers have more than 1 ID)
- 2 Select the Providers tab next

Submitter	Providers	Patient/Subscriber	Other Payer	Attachments	Tooth Status	Claim Information	Service Lines
Billing Provider	Rendering Provider	Referring Provider	Service Facility				

Billing Provider

* Tax ID: SSN EIN

Provider Commercial Number:

* CMMS National Provider ID (NPI):

* Entity Type: Person Non-Person Entity

** Health Care Provider Taxonomy Code:

Provider Name:

Information Contact Name:

- 1 This is the Billing Provider screen – fill out all the areas marked by red asterisks
- 2 Tax ID – enter biller or group tax ID
- 3 CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank
- 4 Entity type – select “person” if the ID belongs to a person, or “non-person” if a company is identified
- 5 Health Care Provider Taxonomy Code (When/if required depending on service)
[http://www.healthlink.com/tech tip taxonomy code.asp](http://www.healthlink.com/tech_tip_taxonomy_code.asp)
- 6 Click Find – provider information should be displayed
- 7 Select the Patient/Subscriber tab next

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Other Payer	Attachments	Tooth Status	Claim Information	Service Lines
-----------	-----------	--------------------	-------------	-------------	--------------	-------------------	---------------

Insured or Subscriber

*** Member ID Number/Date of Birth:**

Person Name: TEST, MEMBER

Gender: M

Residential Address: 801 E JEFFERSON ST
PHOENIX, AZ 85008

*** Payer Responsibility:** ▼

NOTE: AHCCCS no longer accepts ADOC claims.

- 1 This is the Patient/Subscriber screen – fill out all the areas marked by red asterisks
- 2 Member ID Number/Date of Birth – Enter members AHCCCS ID and Date of Birth
- 3 Payer Responsibility – Select a Payer Responsibility using the
- 4 Select the Claim Information tab next

* Patient Control Number: A98734947

* Place of Service: 11 - OFFICE

Date of Current Injury: (Accident)

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

*** Place in which Accident Occurred: (State)

* Provider Signature on File: Yes No

* Provider Accept Assignment: Assigned Not Assigned

* Benefit Assignment: Yes No Not Applicable

* Release of Information Consent: Informed Consent Yes

Special Program Code:

Service Date:

- 1 This is the Claim Information screen – fill out all the areas marked by red asterisks
- 2 Patient Control Number – Enter the members AHCCCS ID or Patient Acct Number
- 3 Place of Service –click the ▼ and choose from the list
- 4 Provider Signature – select “yes “ if you are a billing agency & you have the provider’s signature on file
- 5 Provider Accept Assignment – select “Assigned” if you are accepting payment from AHCCCS
- 6 Benefit Assignment – select “Not Applicable”
- 7 Release of Information Consent – select “Informed Consent” if a signed consent by the patient to release medical data is on file
- 8 Select the service lines tab

Submitter Providers Patient/Subscriber Other Payer Attachments Tooth Status Claim Information Service Lines

Diagnosis Codes(Relate Items Principal, 1, 2, or 3 by line to the Diagnosis Code Pointer)

*** Standard: ICD-9 ICD-10 Principal Diagnosis Code: R6889 Other Diagnosis Codes: 1 2 3

Universal National Tooth Designation System

Service Line

* Service Date: 01/01/2017 *** Diagnosis Code Pointers: Principal 1 2 3

* Fee: \$ D2392 Place of Service:

* ADA Procedure Code: Line Item Control Number:

ADA Modifier Codes: 1 2 3 4 Oral Cavity Designation Codes: 1 2 3 4 5

Procedure Count:

Tooth Number:

Tooth Surface (1-5): 1 O - Oclusal 2 L - Lingual 3 4 5

**Other Payer: Primary ID Paid Amount \$ Units Procedure Code/Qualifier

**Medicare: Paid Amount \$ Units Procedure Code/Qualifier

Other Adjustment(s): Medicare Deductible \$ Medicare Coinsurance \$

Date Claim Paid: Other Payer Medicare Other Adjustments

**Rendering Provider: Taxonomy Code Last/Organization Name

First Name NPI Commercial #

- 1 This is the Service Lines screen – fill out all the areas marked by red asterisks and additional information required specifically for Dental Claims (i.e. Principal Diagnosis code, Diagnosis Code Pointer, tooth number, and tooth surface)
- 2 Principal Diagnosis Code – Enter Principal Diagnosis Code
- 3 Service Date – Enter Service Date
- 4 ADA Procedure Code – Enter ADA Procedure Code

Submitter	Providers	Patient/Subscriber	Other Payer	Attachments	Tooth Status	Claim Information	Service Lines
Diagnosis Codes(Relate Items Principal, 1, 2, or 3 by line to the Diagnosis Code Pointer)							
*** Standard: <input type="radio"/> ICD-9 <input checked="" type="radio"/> ICD-10		Principal Diagnosis Code: R8899		Other Diagnosis Codes: 1		2 3	
Universal National Tooth Designation System							
Service Line							
* Service Date: 01/01/2017		*** Diagnosis Code Pointers: Principal <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
* Fee: \$ D2392		Place of Service: <input type="text"/>					
* ADA Procedure Code: <input type="text"/>		Line Item Control Number: <input type="text"/>					
ADA Modifier Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		Oral Cavity Designation Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>					
Procedure Count: <input type="text"/>							
Tooth Number: <input type="text"/>							
Tooth Surface (1-5): 1 <input type="text"/> O - Ocular <input type="text"/>		2 <input type="text"/> L - Lingual <input type="text"/>		3 <input type="text"/>		4 <input type="text"/> 5 <input type="text"/>	
**Other Payer: Primary ID <input type="text"/>		Paid Amount \$ <input type="text"/>		Units <input type="text"/>		Procedure Code/Qualifier <input type="text"/>	
**Medicare: Paid Amount \$ <input type="text"/>		Units <input type="text"/>		Procedure Code/Qualifier <input type="text"/>			
Other Adjustment(s): Medicare Deductible \$ <input type="text"/>		Medicare Coinsurance \$ <input type="text"/>					
Date Claim Paid: Other Payer <input type="text"/>		Medicare <input type="text"/>		Other Adjustments <input type="text"/>			
**Rendering Provider: Taxonomy Code <input type="text"/>		Last/Organization Name <input type="text"/>					
First Name <input type="text"/>		NPI <input type="text"/>		Commercial # <input type="text"/>			
<input type="button" value="Add"/>							
** All or none of the information is required for the line or group.							

Continuation in the Service Linescreen

- 5 Tooth Number – Enter ToothNumber
- 6 Tooth Surface – click the ▼ and choose from the list as needed for 1 through 5
- 7 Diagnosis Code Pointer– Select Principal
- 8 Click Add to complete the entry - you can enter additional lines, if needed

Service Lines – Continued

Add

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

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	Medicare Coinsurance Amount	Medicare Copay Amount	Other Payer ID																					
1	9/23/2019	9/23/2019	03	A0120						0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	UN	14.54		0																																				
																							Totals:	\$14.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																							

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

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

Update

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

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	Medicare Coinsurance Amount	Medicare Copay Amount	Other Payer ID																					
1	9/23/2019	9/23/2019	03	A0120	-	-	-	-	-	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	UN	14.54		0																																				
																							Totals:	\$14.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00																							

Claim Entry Confirmation

Transmission Status: Successful
Claim Type: Institutional
Patient Account Number: 9999999999
Confirmation Code: 1-90

Error:

Attachments

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

[View Claim](#)[Enter New Claim](#)

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



DFSM Provider Education and Training Unit

Education and Training Questions?

The DFSM Provider Education and Training Unit can assist providers with the following:

- ❖ How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal ([FFS programs, including AIHP, TRBHAs and Tribal ALTCS](#))
- ❖ Submission of documentation using the Transaction Insight Portal (e.g. The AHCCCS Daily Trip report, requested medical records, etc.)

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.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- ❖ **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- ❖ **Coding** - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov

NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ❖ **ACC Plan Claims** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

Education and Training Questions?

The DFSM Provider Training Team can be outreached at providertrainingffs@azahcccs.gov .

Questions?

Please outreach

ProviderTrainingFFS@azahcccs.gov

Thank You.