How to Submit a Dental Claim Using the AHCCCS Online Provider Portal

DFSM Provider Training Team

June 2021

AHCCCS
Arizona Health Care Cost Containment System

About this Course

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

This training presentation will cover how to submit a Dental (ADA 2012) Claim using the AHCCCS Online Provider Portal.

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

AHCCCS Online Provider Portal

The AHCCCS Online Provider Portal can be used for:

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

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

AHCCCS Online Provider Portal

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

Providers <u>must</u> have a valid Username and Password to use the portal.

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

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

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

Master Account Holder

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

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

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

There can be multiple master account holders.

Master Account Holder

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

1. AHCCCS sends the master account holder a temporary password.

2. The master account holder logs into the AHCCCS Online Provider Portal with that temporary password, and they change it to a new password.

3. After the master account holder is set up, other employees and agents of the newly registered provider (such as a biller) may then register for an account on AHCCCS Online.

4. At that point**, *it will be the master account holder's responsibility to change that user's account settings to ensure they have been granted the appropriate access* **to the subsystems that are directly related to that user's specific employment related duties.

Master Account Holder

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

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

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

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

Dental (ADA 2012) Claim Forms

General Billing Information

- **Claim Form:** ADA 2012 Claim Form (Dental)

- **Diagnosis Code:** ICD-10

- **CDT Codes:** Enter the appropriate procedure code from the CDT-4 Manual.

- For detailed, step-by-step instructions on how to fill out the paper 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

The AHCCCS Online Provider Portal

How to Submit Claims

AHCCCS Online

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

AHCCCS Online

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

New Account

Register for an AHCCCS Online account.

To learn more about AHCCCS Online, Click Here

Hospital Assessment

View Hospital Assessment Invoice

Make a Hospital Assessment Payment

Health Plan Links

View Health Plan Links

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

** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! **

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

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

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

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

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

AHCCCS Online User Manuals

Sign In

Username

Password

Sign In

1	Enter Username
2	Enter Password

Forgot your Password? Click Here

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

Main Page

On the left-hand side of the page select "Claim Submission".

Claim Submission Screen

- Under "enter new claim", click on the drop down and select **Dental**
- Click "Go"

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: Dental ▼   Go...

Click "Go"

View Claim Processing Status
Submission Date(s): [   ] - [   ]   Go...

Submitter Tab

Submitter Screen

Dental Claim Submission

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

Submitter

Organization Name: NEMT TEST

Electronic Transmitter ID Number: 99222

Information Contact Name: Test

Information Contact Telephone Number: 602-555-5555

Save   Submit   Cancel

Verify that the information is correct

Billing Provider Tab

Billing Provider Tab

- This is where you will enter the provider or group billing information.

  - In the Tax ID field enter the Billing Provider's Tax ID, if a group is billing enter the Group Biller Tax ID number.

- **Providers with a valid NPI**, will leave the provider commercial number field blank. They will then enter the 10-digit NPI in the **CMMS National Provider ID field** and click find.

- **Providers who do not have a valid NPI** will use the 6 digit AHCCCS Provider ID in the **Provider Commercial Number field**.

Billing Provider Tab

Dental Claim Submission

* Indicates a required field

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:** `12345678` ○ SSN ● EIN

Provider Commercial Number: [ ]

* **CMMS National Provider ID (NPI):** `Group NPI` [Find]

* **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:**

** Required ONLY when Billing and Rendering providers are different.

[Save]   [Submit]   [Cancel]

Tax ID Field

Dental Claim Submission

* Indicates a required field.

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:**	123456789 ○ SSN ◉ EIN
Provider Commercial Number:	007835
* **CMMS National Provider ID (NPI):**	[Find]
* **Entity Type:**	○ Person ◉ Non-Person Entity
Health Care Provider Taxonomy Code:	
Provider Name:	
Information Contact Name:	
Information Contact Telephone Number:	6024177000
Service Locator Code/Address:	01 ▼ 701 E JEFFERSON PHOENIX, AZ 85034
* **Pay-To Locator Code/Address:**	01 ▼ 701 E JEFFERSON PHOENIX, AZ 85034

Enter the 9 digit TAX ID number and click on EIN

[Save] ✖   [Submit] ✖   [Cancel]

NPI or AHCCCS ID

Dental Claim Submission

* Indicates a required field.

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

Billing Provider

* **Tax ID:** 123456789 ○ SSN ● EIN

Provider Commercial Number: 007835

* **CMMS National Provider ID (NPI):** [ ] Find

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

* **Entity Type:** ○ Person ● Non-Person Entity

Health Care Provider Taxonomy Code: [ ]

Provider Name:

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

* **Pay-To Locator Code/Address:** 01 ▼ 701 E JEFFERSON
PHOENIX, AZ 85034

Save   Submit   Cancel

Entity Type Qualifier

Click your Entity Type: Person or Non-Person

| 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:** 123456789 ○ SSN ● EIN

Provider Commercial Number: 007835

* **CMMS National Provider ID (NPI):** [Find]

* **Entity Type:** ○ Person ● Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name:

Information Contact Name:

Information Contact Telephone Number: 6024177000

Service Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034

* **Pay-To Locator Code/Address:** 01 701 E JEFFERSON PHOENIX, AZ 85034

Entity Type

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

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Pay-To-Locator/Address

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Billing Provider

Selecting locator code is **required** for the "Service Locator Code/Address" and the "Pay-To Locator Code/Address" Fields.

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

* Tax ID: 123456789   ○ SSN ● EIN

Provider Commercial Number: 007835

* CMMS National Provider ID (NPI): [____] Find

* Entity Type: ○ Person ● Non-Person Entity

Health Care Provider Taxonomy Code: [____]

Provider Name:

Information Contact Name:

Information Contact Telephone Number: 6024177000

Service Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034

* Pay-To Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034

Save   Submit   Cancel

DO NOT CLICK SAVE OR SUBMIT

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Rendering Provider Tab

Rendering Provider Tab

Dental Claim Submission

* Indicates a required field.

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Rendering Provider

Provider Commercial Number:	
* CMMS National Provider ID (NPI):	1234567890 [Find]
* Entity Type:	○ Person ○ Non-Person Entity
Provider Name:	
** Service Locator Code/Address:	
Performing Health Care Provider Taxonomy Code:	

1. Enter the service/rendering provider NPI.
2. Entity Type – select Person

Required ONLY when Billing and Rendering providers are different, or Billing provider's service address is missing.

[Save] [Submit] [Cancel]

Rendering Provider Screen

Dental Claim Submission

Next click on the Patient/Subscriber tab

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Rendering Provider

Provider Commercial Number: 231725

* **CMMS National Provider ID (NPI):** [ ] Find

* **Entity Type:** ● Person ○ Non-Person Entity

Provider Name: TEST/CASE

Performing Health Care Provider Taxonomy Code: [ ]

Save   Submit   Cancel

If you <u>do not have a valid NPI #</u> Enter your 6 digit AHCCCS provider ID here, and leave the NPI field blank

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

If you <u>have a valid NPI #</u> you must enter it here and leave the Provider Commercial field # blank

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)

Patient/Subscriber Tab

Patient/Subscriber Tab

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

* Indicates a required field.

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Insured or Subscriber

* Member ID Number/Date of Birth:	A10093242 06/23/1988 Find
Person Name:	AHCCCS, SEDONA
Gender:	F
Residential Address:	701 E JEFFERSON ST PHOENIX, AZ 85038
* Payer Responsibility:	P - Primary

NOTE: AHCCCS no longer accepts ADOC claims.

Save   Submit   Cancel

Patient/Subscriber Tab

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

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

Patient/Subscriber Tab Recap

Help
* Indicates a required field.

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

Insured or Subscriber

Enter the members AHCCCS ID and date of birth (MM/DD/YYYY)

* Member ID Number/Date of Birth: A12345678 | 01/01/1995 | Find

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

Person Name:

Gender:

Residential Address:

* Payer Responsibility: P - Primary ▾

NOTE: AHCCCS no longer accepts ADOC claims.

Click on the down arrow and make your Payer Responsibility selection

Save | Submit | Cancel

A - Payer Responsibility Four
B - Payer Responsibility Five
C - Payer Responsibility Six
D - Payer Responsibility Seven
E - Payer Responsibility Eight
F - Payer Responsibility Nine
G - Payer Responsibility Ten
H - Payer Responsibility Eleven
P - Primary
S - Secondary
T - Tertiary
U - Unknown

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Attachments Tab

If no attachments, click "Claim Information" tab next

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

Certain types of claims require additional documentation to be submitted.

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

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

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

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

What is the Control/PWK Number?

- It is a unique number that a provider creates for each claim/document that they submit.

- This unique number forms an electronic match between the **submitted documentation (Transaction Insight Portal)** and the **claim (AHCCCS Online Provider Portal)**.

- It allows the system to link the attachment to the correct claim.

The Control/PWK Number is entered in **_twice._**

- **_First,_** it is entered in by the provider when they submit their claim via the **AHCCCS Online Provider Portal**; and then

- It is **_entered in a second time_** when they submit their documentation on the **Transaction Insight Portal.**

The Control/PWK Number and Provider Identifier

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

Information on the Transaction Insight Portal

Transaction Insight Portal

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

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

Dental Claim Submission

* Indicates a required f

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

Insured or Subscriber

* Member ID Number/Date of Birth: A12345678 01/01/1995 Find

Person Name: TEST

Gender: M

Residential Address: 701 E Jefferson St, Phoenix AZ 85004

* Payer Responsibility: P - Primary

NOTE: AHCCCS no longer accepts ADOC clai

Save   Submit   Cancel

If you want to send an attachment click the "attachments" tab

If no attachments, click "tooth status" tab next

For the purpose of this training, we will be sending an attachment

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

Attachments Tab

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

Attachments Tab

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

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

Claim Attachments

		Report Type **	Report Transmission **	Control Number **
	1	B4 - Referral Form	EL - Electronically Only	A0934000709232019
	2			
	3			
	4			
Attachments (1-10):	5			
	6			
	7			
	8			
	9			
	10			

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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)**
The A in AHCCCSID must be in uppercase

A12345678

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)**
The A in AHCCCSID must be in uppercase

A87654321

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.

Tooth Status Tab

Tooth Status Tab

Dental Claim Submission

* Indicates a required field.

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

Tooth Status

Tooth Number/Status **		Tooth Number/Status **		Tooth Number/Status **	
1	[E - To be Extracted / M - Missing]	2	⌄	3	⌄
4		5	⌄	6	⌄
7	⌄	8	⌄	9	⌄
10	⌄	11	⌄	12	⌄
13	⌄	14	⌄	15	⌄
16	⌄	17	⌄	18	⌄

Claim Information Tab

Claim Information Screen

Dental Claim Submission

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

Claim Information

Original Reference Number: [_____] ○ Replacement ○ Void

Prior Authorization Number: [_____]

* Patient Control Number: [_____]

* Place of Service: [_____ ▼]

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: [_____]

** Required ONLY if "Date of Current Injury" is entered.
*** Required ONLY if "Auto Accident" selected.

[Save] [Submit] [Cancel]

Enter the patients account number. If your office doesn't use one you can enter their AHCCCS ID, their name, etc..

Provider Signature on File

Benefit Assignments; Mark yes if member has indicated that payment should go directly to the provider.

Provider Accepts Assignments; Click yes if you are accepting payment from AHCCCS

Release of Information Consent; a signed statement by the patient authorizing the release of medical data to other organizations.

When done entering the claim information data, click on the Service Lines tab

Service Lines Tab

Dental Service Line

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

To the right side of the screen, you will see the Diagnosis Codes field.
- Enter the DX codes. Do not include the decimal point when entering the DX codes (ex. correct format (R6889) incorrect format (R68.89).
- Up to 12 DX codes can be entered WITHOUT the decimal.

Submitter	Providers	Patient/Subscriber

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

*** Standard: ICD-9 ● ICD-10   Principal Diagnosis Code: [ ]   Other Diagnosis Codes: 1 [ ] 2 [ ] 3 [ ]

Universal National Tooth Designation System

Service Line

* Service Date: 10/02/2020	*** Diagnosis Code Pointers: Principal ☐ 1 ☐ 2 ☐ 3 ☐
* Fee: $ 100.00	Place of Service: [▼]
* ADA Procedure Code: D0150	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 [▼] 2 [▼] 3 [▼] 4 [▼] 5 [▼]	
**Other Payer: Primary ID [ ] Paid Amount $ [ ] Units [ ] Procedure Code/Qualifier [ ] [▼]	
**Medicare: Paid Amount $ [ ] Units [ ] Procedure Code/Qualifier [ ] [▼]	

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Dental Service Line

Enter the following:
- **Diagnosis Code Pointers**
- **Service Date**
- **Fee**
- **ADA Procedure Code**
- **ADA Modifier Codes**
- **Procedure Count**
- **Tooth Number**
- **Tooth Surface**
- **Place of Service**
- **And all other applicable fields**

Help
* Indicates a required field.

| Other Payer | Attachments | Tooth Status | Claim Information | Service Lines |

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

Principal Diagnosis Code: [   ]   **Other Diagnosis Codes: 1** [   ] **2** [   ] **3** [   ]

Service Line

* Service Date: 10/02/2020	***** Diagnosis Code Pointers:** Principal ☐ 1 ☐ 2 ☐ 3 ☐
* Fee: $ 100.00	**Place of Service:** [▼]
* ADA Procedure Code: D0150	**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 [▼] **2** [▼] **3** [▼] **4** [▼] **5** [▼]	

**Other Payer: Primary ID [   ]   Paid Amount $ [   ]   Units [   ]   Procedure Code/Qualifier [   ] [▼]

**Medicare: Paid Amount $ [   ]   Units [   ]   Procedure Code/Qualifier [   ] [▼]

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Dental Service Line

Dental Service Line

Dental Claim Submission

* Indicates a required field.

| 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:** [   ]   **Other Diagnosis Codes:** 1 [   ] 2 [   ] 3 [   ]

Universal National Tooth Designation System

Click the down arrow and select POS

Service Line

* **Service Date:** 10/02/2020	*** **Diagnosis Code Pointers:** Principal ☐ 1 ☐ 2 ☐ 3 ☐
* **Fee:** $ 100.00	**Place of Service:** [▼]
* **ADA Procedure Code:** D0150	**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 [▼] 2 [▼] 3 [▼] 4 [▼] 5 [▼]	
** **Other Payer:** Primary ID [ ] Paid Amount $ [ ] Units [ ] Procedure Code/Qualifier [ ] [▼]	
** **Medicare:** Paid Amount $ [ ] Units [ ] Procedure Code/Qualifier [ ] [▼]	

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Dental Service Line

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

Summary Line

The service line entered will then appear at the bottom of the page.

As each new line is added, a blank Service Line section will appear.
- New Service Lines may be entered here.
- Click "Add" to add new service lines.

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

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

Service Lines Add and Updates

The service line will allow you to continue to "ADD" more lines, unless you click edit or remove buttons.

Add

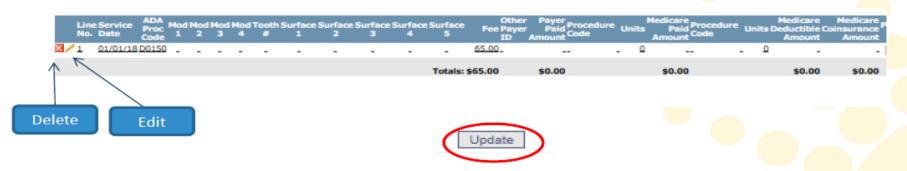| Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Other Fee Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Units	Medicare Deductible Amount	Medicare Coinsurance Amount
☒ ✎ 1	01/01/18	D0150											65.00			0			0		
												Totals: $65.00	$0.00			$0.00			$0.00	$0.00

Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Other Fee Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Units	Medicare Deductible Amount	Medicare Coinsurance Amount
☒ ✎ 1	01/01/18	D0150	-	-	-	-	-	-	-	-	-	-	65.00 -	--	-	0	--	-	0	-	-
												Totals: $65.00	$0.00			$0.00			$0.00	$0.00

Delete   Edit

Update

Once you've entered all services lines (edited or removed), you will have the option to update the changes.

Updated Summary Lines

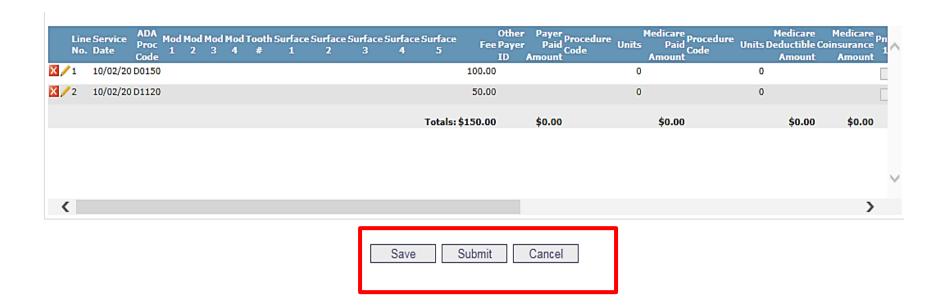| Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Other Fee Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Medicare Units Deductible Amount	Medicare Coinsurance Amount	Pr 1
X / 1	10/02/20	D0150											100.00			0			0		
X / 2	10/02/20	D1120											50.00			0			0		
												Totals: $150.00	$0.00			$0.00		$0.00	$0.00	

*** Required ONLY if diagnosis codes are entered.

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

Finalizing the Claim

	Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Other Fee Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Medicare Units Deductible Amount	Medicare Coinsurance Amount	Pr 1
✕ ✏	1	10/02/20	D0150											100.00			0			0		
✕ ✏	2	10/02/20	D1120											50.00			0			0		
													Totals:	$150.00	$0.00		$0.00			$0.00	$0.00	

Save   Submit   Cancel

Additional Help - Online Error Messages

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

Message from webpage

ATTENTION! Please correct the following item(s):

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

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

--- PATIENT/SUBSCRIBER ---
- Missing Member ID Number.
- Missing Member Date of Birth.
- Missing Payer Responsibility.

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

OK

Claim Entry Confirmation Screen

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Dental
Patient Account Number:	A98734947
Confirmation Code:	P-269

You will receive a message that it was successful

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.

You can go to the 275 portal to upload your document by clicking on the attachment link
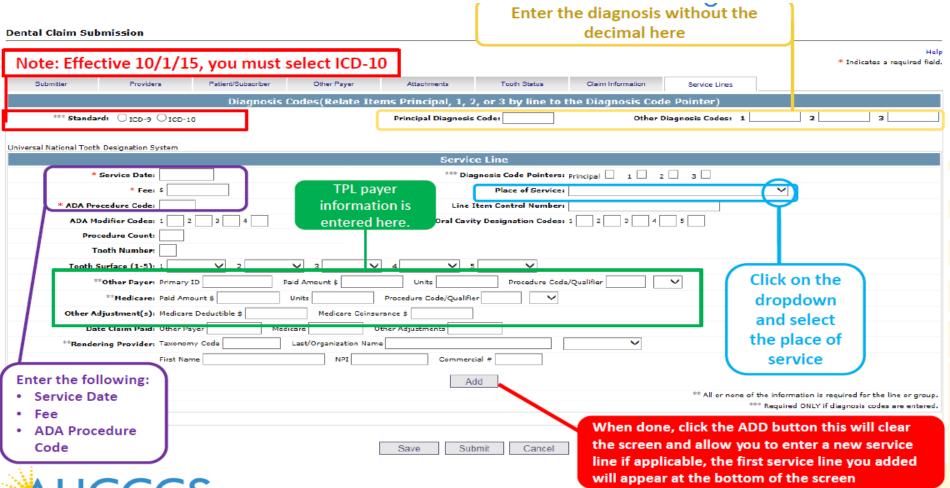
View Claim   Enter New Claim

Here you will have two choices: View Claims or Enter New Claims

Clicking on View Claim will give you a summary of the information that will be sent over to AHCCCS and will allow you to edit the claim if needed

Clicking on Enter New Claims allows you to enter a new claim.

AHCCCS
Arizona Health Care Cost Containment System

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Service Line Screen Overview

Enter the diagnosis without the decimal here

Dental Claim Submission

Note: Effective 10/1/15, you must select ICD-10

| 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: [   ]   **Other Diagnosis Codes:** 1 [   ] 2 [   ] 3 [   ]

Universal National Tooth Designation System

Service Line

* **Service Date:** [   ]
*** **Diagnosis Code Pointers:** Principal ☐ 1 ☐ 2 ☐ 3 ☐
* **Fee:** $ [   ]   **Place of Service:** [▼]

TPL payer information is entered here.

* **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 [▼] 2 [▼] 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 # [   ]

Click on the dropdown and select the place of service

[Add]

** All or none of the information is required for the line or group.
*** Required ONLY if diagnosis codes are entered.

Enter the following:
- **Service Date**
- **Fee**
- **ADA Procedure Code**

[Save] [Submit] [Cancel]

When done, click the ADD button this will clear the screen and allow you to enter a new service line if applicable, the first service line you added will appear at the bottom of the screen

DFSM Provider Education and Training Unit

DFSM Provider Training

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 (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider 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
  - o 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.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Policy Information

AHCCCS FFS Provider Billing Manual:

- https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

AHCCCS IHS/Tribal Provider Billing Manual:

- https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html

AHCCCS Medical Policy Manual

- https://www.azahcccs.gov/shared/MedicalPolicyManual/

Thank You.