



Institutional (UB-04) Claim Submission Using the AHCCCS Online Provider Portal

DFSM Provider Training Team

June 2021

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 Institutional (UB-04) Claims using the AHCCCS Online Provider Portal.

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

AHCCCS Online Provider Portal

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 must have a valid Username and Password to use the portal and only AHCCCS registered providers can use the Online Provider 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.

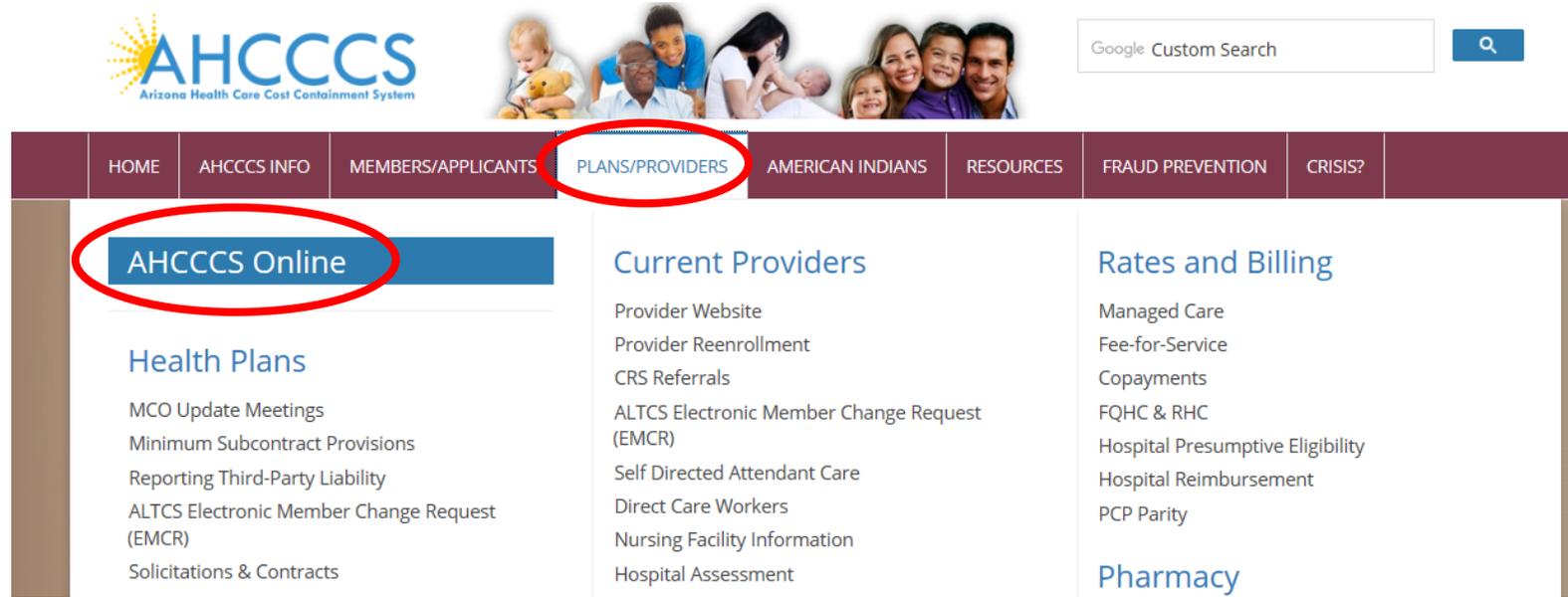
Please keep your login information safe and remember account information may not be shared. <https://azweb.statemedicaid.us>

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 on [AHCCCS Online](#). This link will take you to the AHCCCS Online Provider Portal.



The screenshot shows the AHCCCS website navigation menu. The 'PLANS/PROVIDERS' menu item is circled in red. Below it, the 'AHCCCS Online' link is also circled in red. The menu includes the following items: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. The 'AHCCCS Online' link is highlighted in blue. Below the navigation menu, the 'Current Providers' section lists: Provider Website, Provider Reenrollment, CRS Referrals, ALTCS Electronic Member Change Request (EMCR), Self Directed Attendant Care, Direct Care Workers, Nursing Facility Information, and Hospital Assessment. The 'Rates and Billing' section lists: Managed Care, Fee-for-Service, Copayments, FQHC & RHC, Hospital Presumptive Eligibility, Hospital Reimbursement, and PCP Parity. The 'Pharmacy' section is also visible.

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

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”.

Main | FAQ | Terms Of Use | LogOut |

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.



Menu

- AIMH Services Program
- Claim Status
- Claims Submission**
- ET Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program
- Members Supplemental Data

Support and Manuals

- AHCCCS Online User Manuals

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.

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:

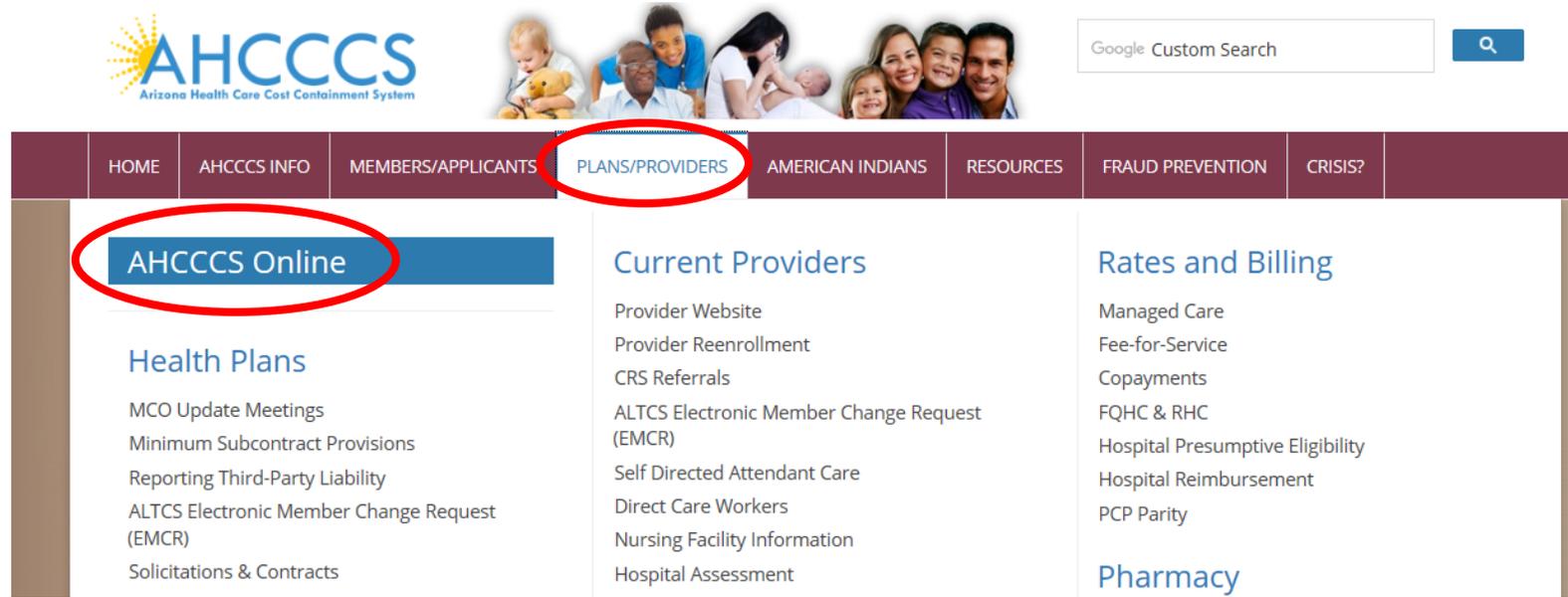
- For detailed, step-by-step instructions on how to fill out the UB-04 Claim Form please visit Chapter 6, of the FFS Provider Billing Manual at:
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap06.pdf

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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

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**.

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

Tax ID Field

[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 (Biller or Group number) and click on EIN

Institutional Claim Submission

NPI or AHCCCS ID

[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"/>							
* 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							

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

Providers **WITH a valid NPI** enter their NPI in the CMMS National Provider ID field. Click "Find" when the required fields are completed. Leave the Provider Commercial Number blank (Hospitals and Facilities can only bill using an NPI number)

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"/> <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							

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.

Referring and Attending Provider Tabs Patient/Subscriber Tab

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 Providers 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-04
- 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

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.

[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 identifies 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"/> <input type="text" value="PHOENIX, AZ 85038"/>				
		* Payer Responsibility:	<input type="text" value="P - Primary"/>				
<small>NOTE: AHCCCS no longer accepts ADOC claims.</small>							

Optional Tabs

Optional Tabs (if applicable)

- Procedure Codes
- Condition Codes
- Occurrence Codes
- Value Codes

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" value=""/>		
Admitting Diagnosis Code:		<input type="text" value=""/>					
External Cause of Injury Codes (1-12):		1 <input type="text" value=""/>	2 <input type="text" value=""/>	3 <input type="text" value=""/>	4 <input type="text" value=""/>	5 <input type="text" value=""/>	6 <input type="text" value=""/>
		7 <input type="text" value=""/>	8 <input type="text" value=""/>	9 <input type="text" value=""/>	10 <input type="text" value=""/>	11 <input type="text" value=""/>	12 <input type="text" value=""/>
Other Diagnosis (1-12):		Code	Present on Admission	Code	Present on Admission		
		1 <input type="text" value=""/>	<input type="text" value=""/>	2 <input type="text" value=""/>	<input type="text" value=""/>		
		3 <input type="text" value=""/>	<input type="text" value=""/>	4 <input type="text" value=""/>	<input type="text" value=""/>		
		5 <input type="text" value=""/>	<input type="text" value=""/>	6 <input type="text" value=""/>	<input type="text" value=""/>		
		7 <input type="text" value=""/>	<input type="text" value=""/>	8 <input type="text" value=""/>	<input type="text" value=""/>		
		9 <input type="text" value=""/>	<input type="text" value=""/>	10 <input type="text" value=""/>	<input type="text" value=""/>		
		11 <input type="text" value=""/>	<input type="text" value=""/>	12 <input type="text" value=""/>	<input type="text" value=""/>		
<input type="button" value="Submit"/>				<input type="button" value="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

Diagnosis Codes Tab

Institutional Claim Submission

* Indic

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:** **Present on Admission:**

Admitting Diagnosis Code:

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	Code	Present on Admis
	1 E11.65	<input type="text" value="v"/>	2	<input type="text" value="v"/>	3	<input type="text" value="v"/>
	4	<input type="text" value="v"/>	5	<input type="text" value="v"/>	6	<input type="text" value="v"/>
	7	<input type="text" value="v"/>	8	<input type="text" value="v"/>	9	<input type="text" value="v"/>
Other Diagnosis (1-24):	10	<input type="text" value="v"/>	11	<input type="text" value="v"/>	12	<input type="text" value="v"/>

Attachments Tab

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		▼					
Attachments (1-10):	5	▼		▼			
	6	▼		▼			
	7	▼		▼			
	8	▼		▼			
	9	▼		▼			
	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

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="000000000"/>						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="00000000"/>				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

Service Line Tab

Submitter	Providers	Patient/Subscriber	Other Payer	Codes/Values	Attachments	Claim Information	Service Lines
Service Line							
* Service Dates: 10/01/2020 - 10/31/2020		* 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

Add

** 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 Covered Amount	Provider Control Number	
1	192								10/01/2020	10/31/2020		0		0		4,440.00	31 UN			
Totals:											\$0.00		\$0.00		\$0.00		\$4,440.00		\$0.00	

Save

Submit

Cancel

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



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
 - 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.