Institutional (UB-04) Claim Submission 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 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

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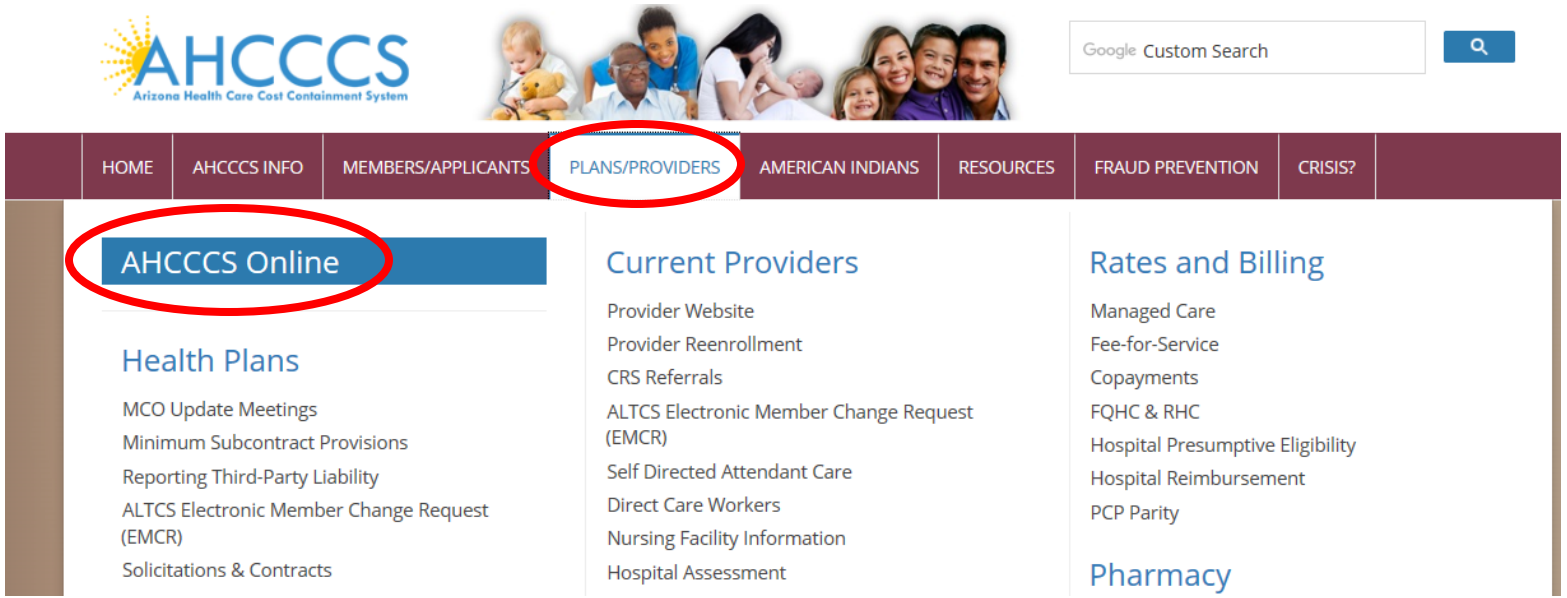
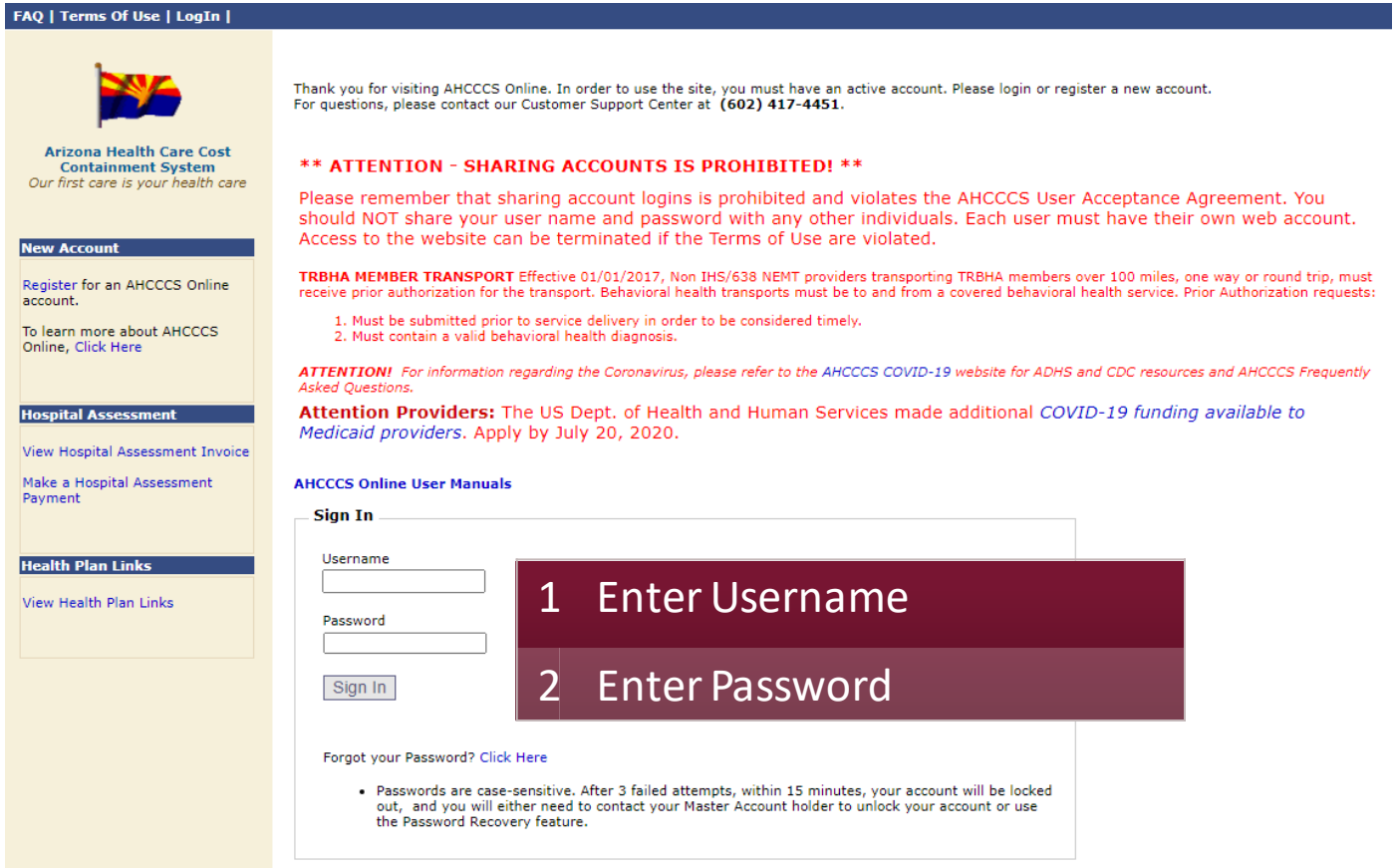
AHCCCS Online

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.

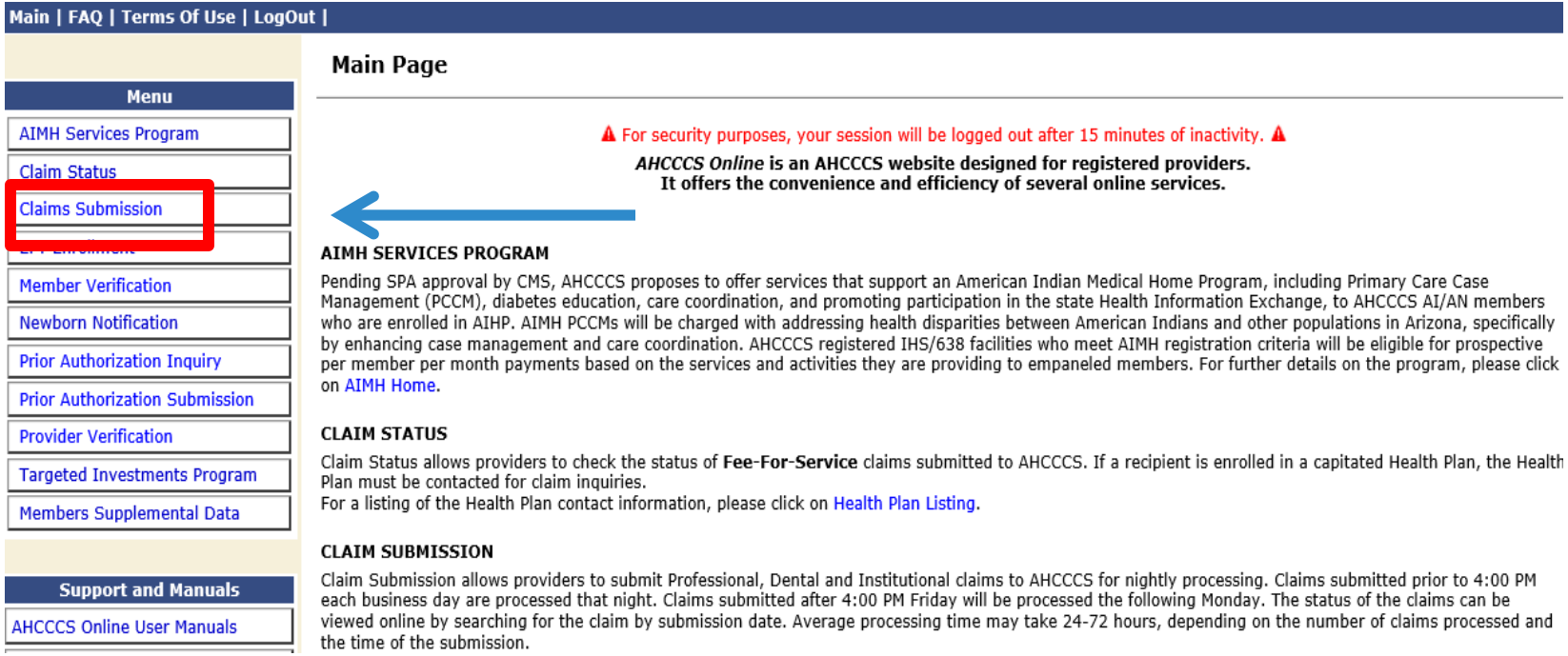


AHCCCS Online



Main Page

On the left-hand side of the page select “Claim 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

The AHCCCS Online Provider Portal

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AHCCCS Online

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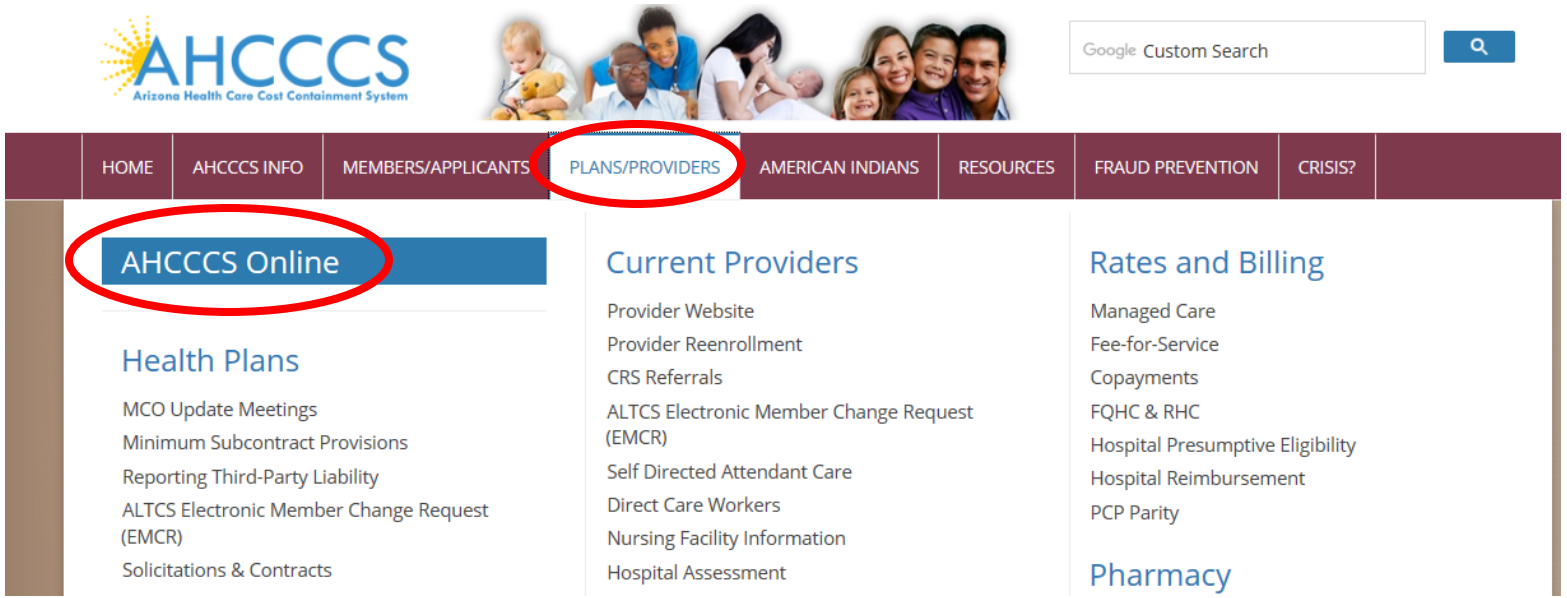
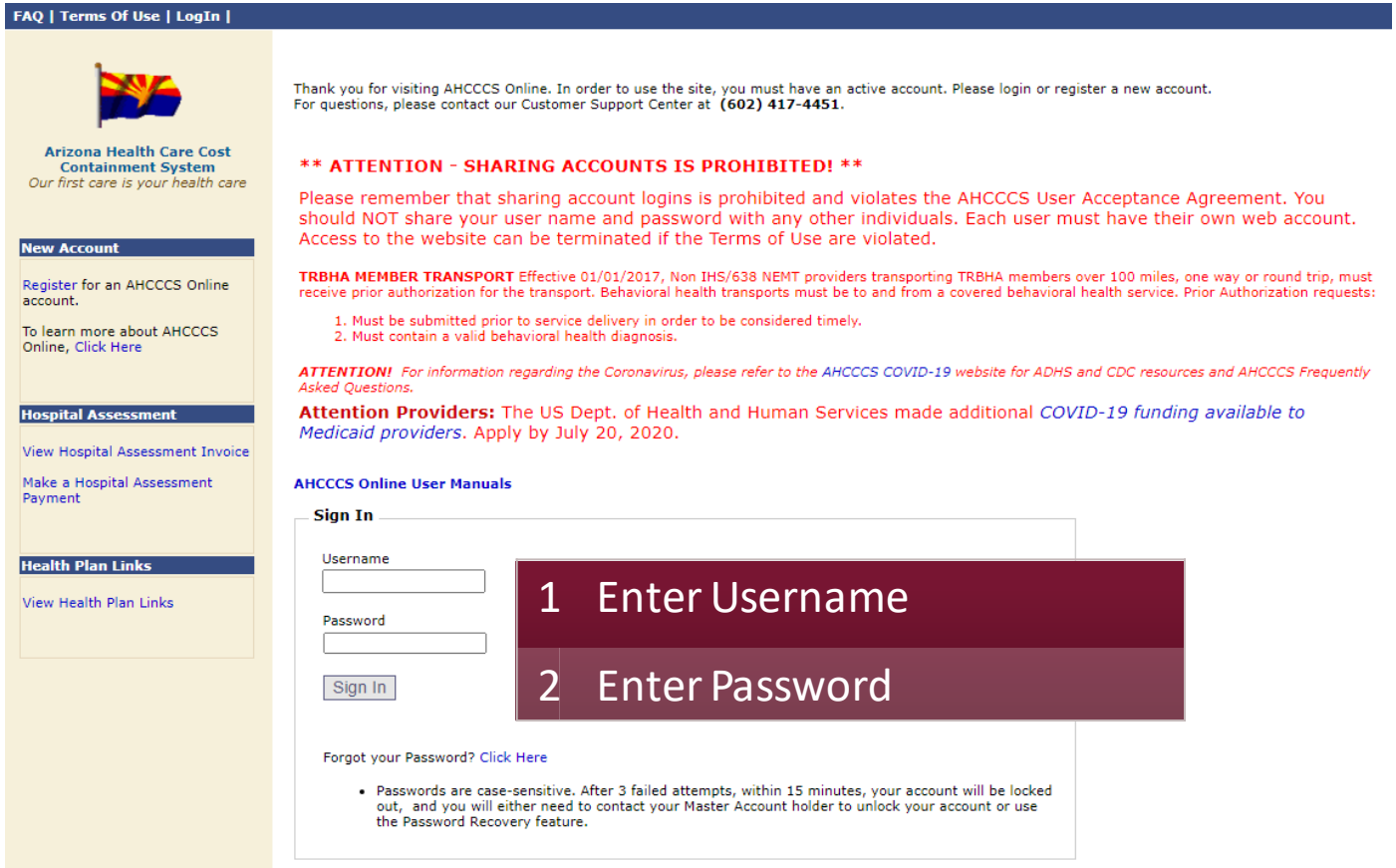


AHCCCS Online



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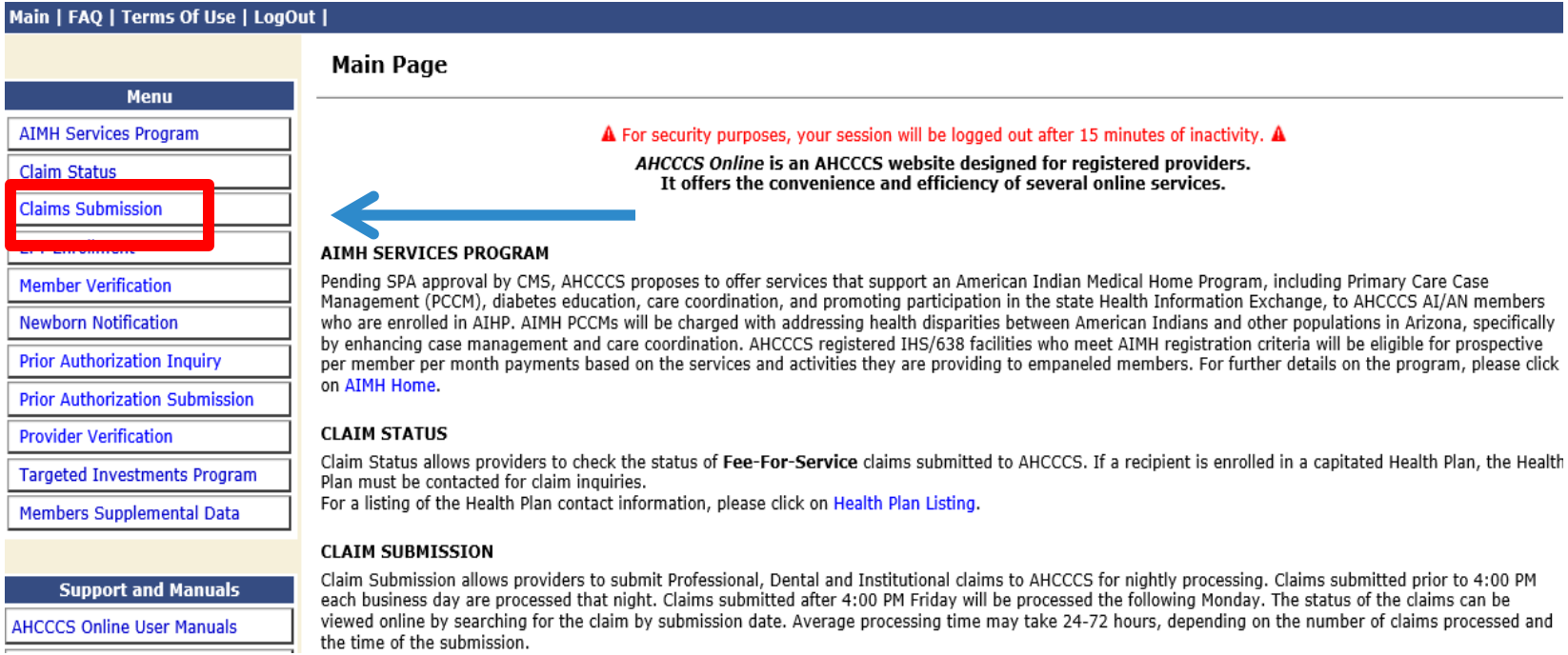


Claim Submission

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.

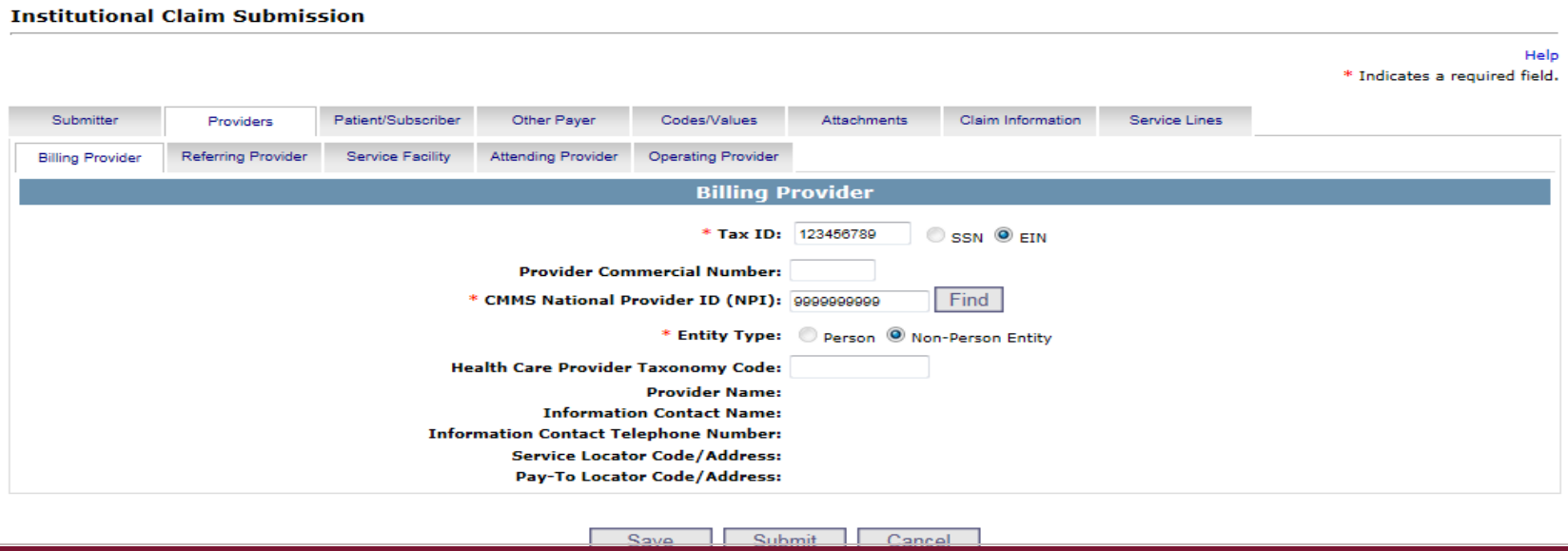
1. Enter New Claim – Select Institution on the ▼
2. Click on "Go"…

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

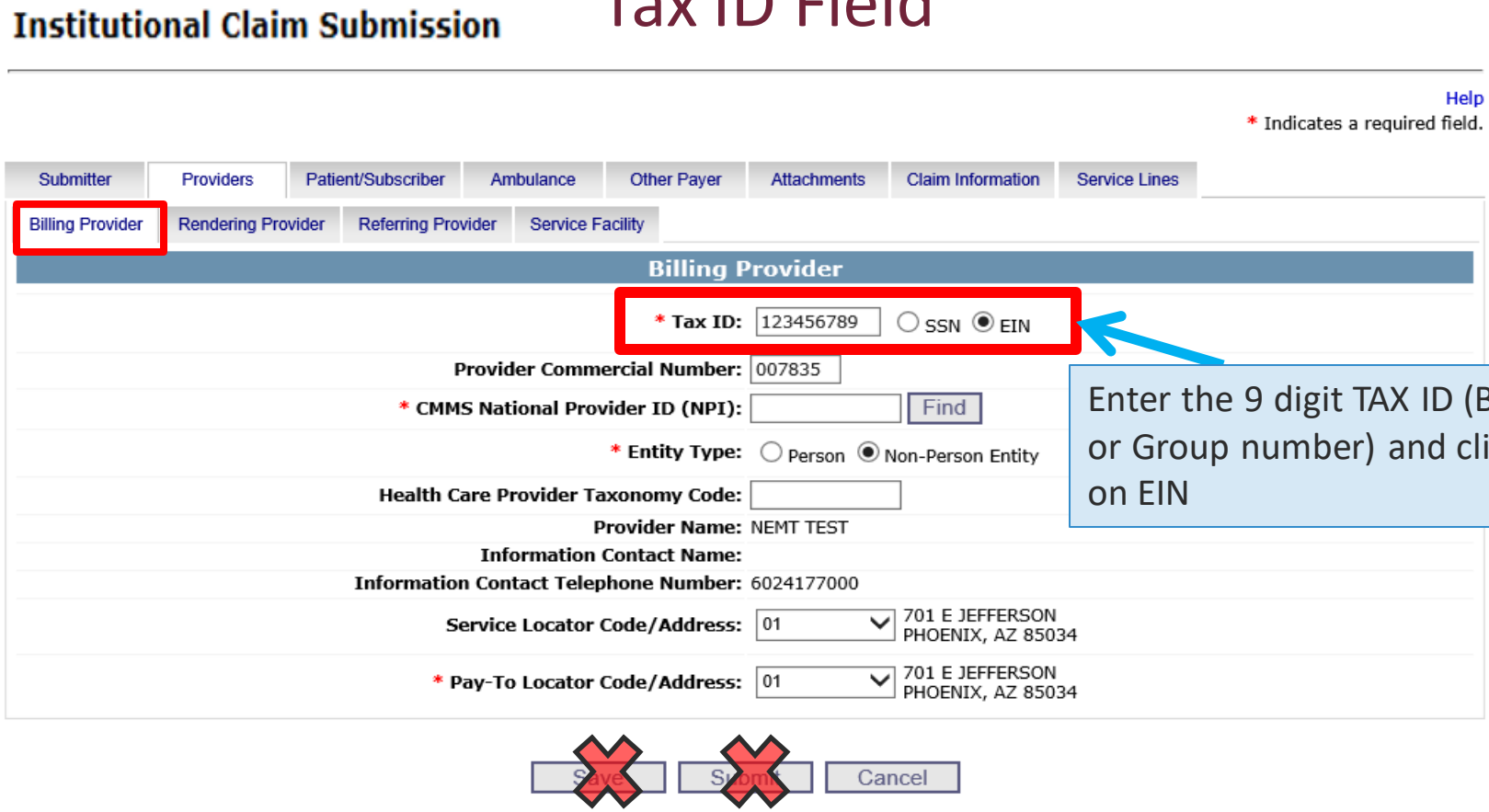
Billing Provider Tab

- 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**.



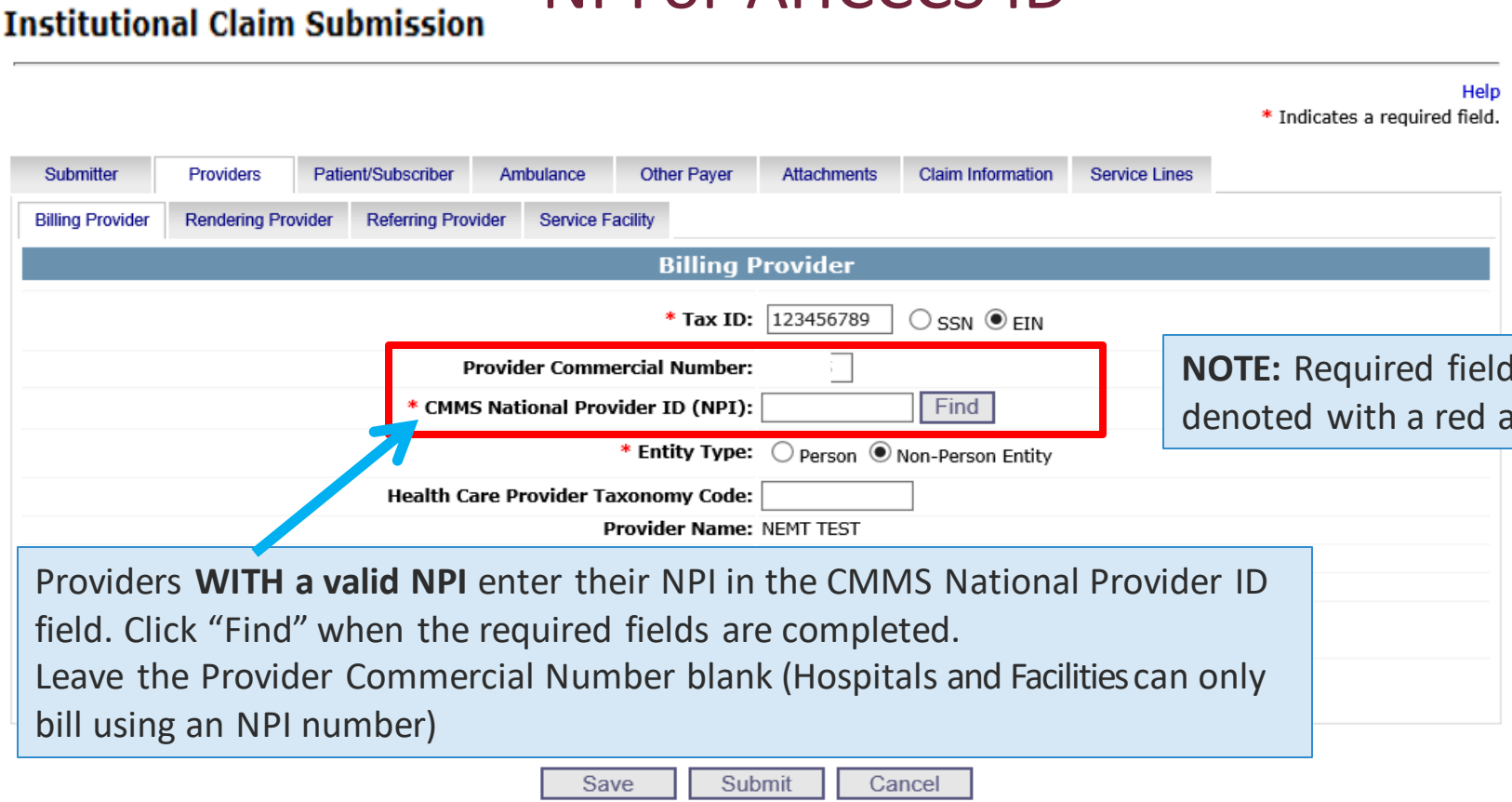
1	This is the Billing screen – fill out all the areas marked by red asterisks
2	Tax ID – enter biller or group tax ID
3	CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank (Hospital or facility can only bill using the NPI number)
4	Entity type – select “non-person”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

Tax ID Field



Enter the 9 digit TAX ID (Biller or Group number) and click on EIN

NPI or AHCCCS ID

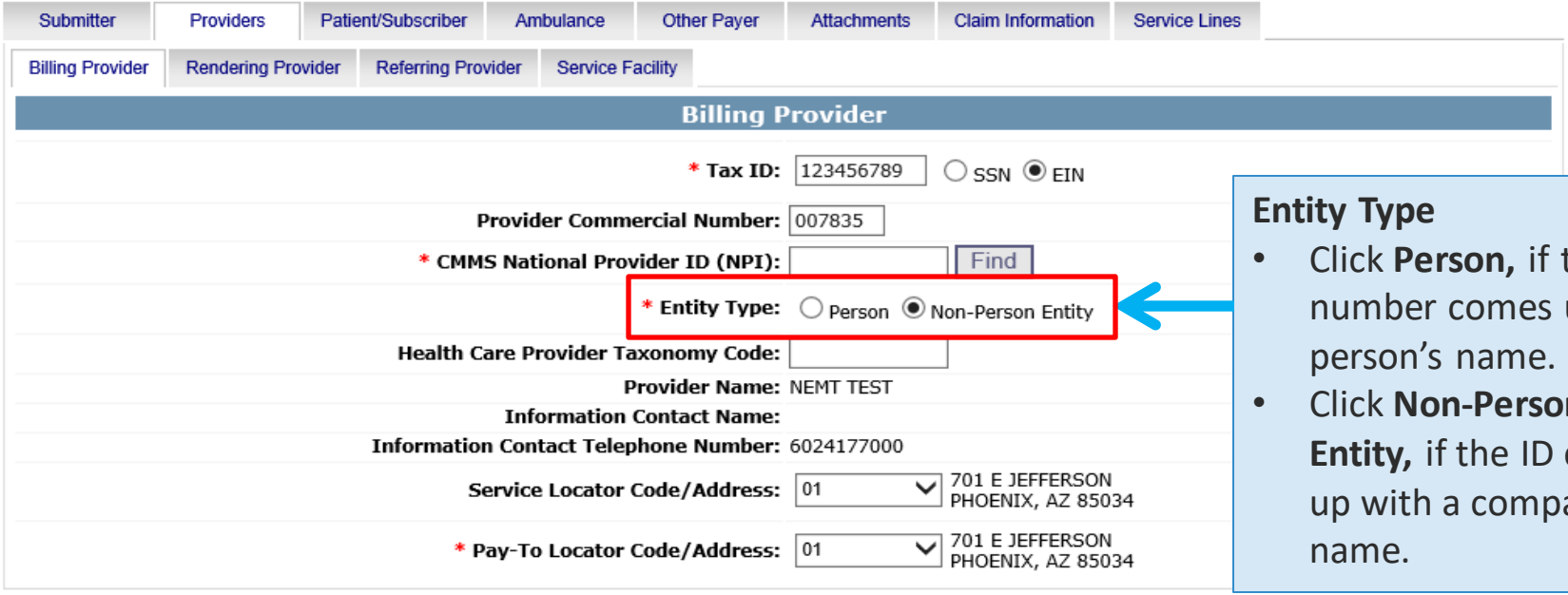


NOTE: Required fields are denoted with a red asterisk. *

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



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.

Pay-To-Locator/Address

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.

Referring and Attending Provider Tabs
Patient/Subscriber Tab

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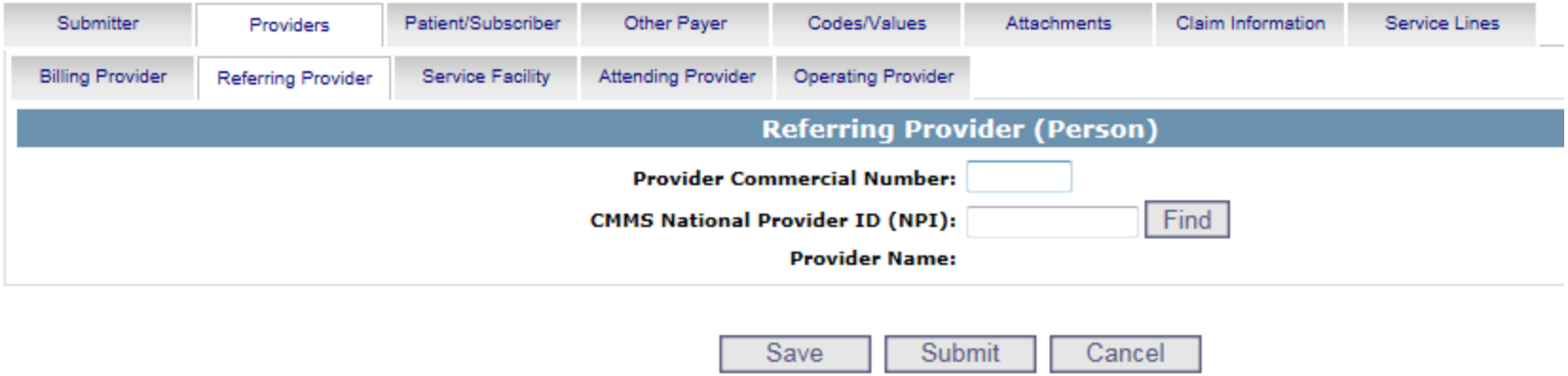
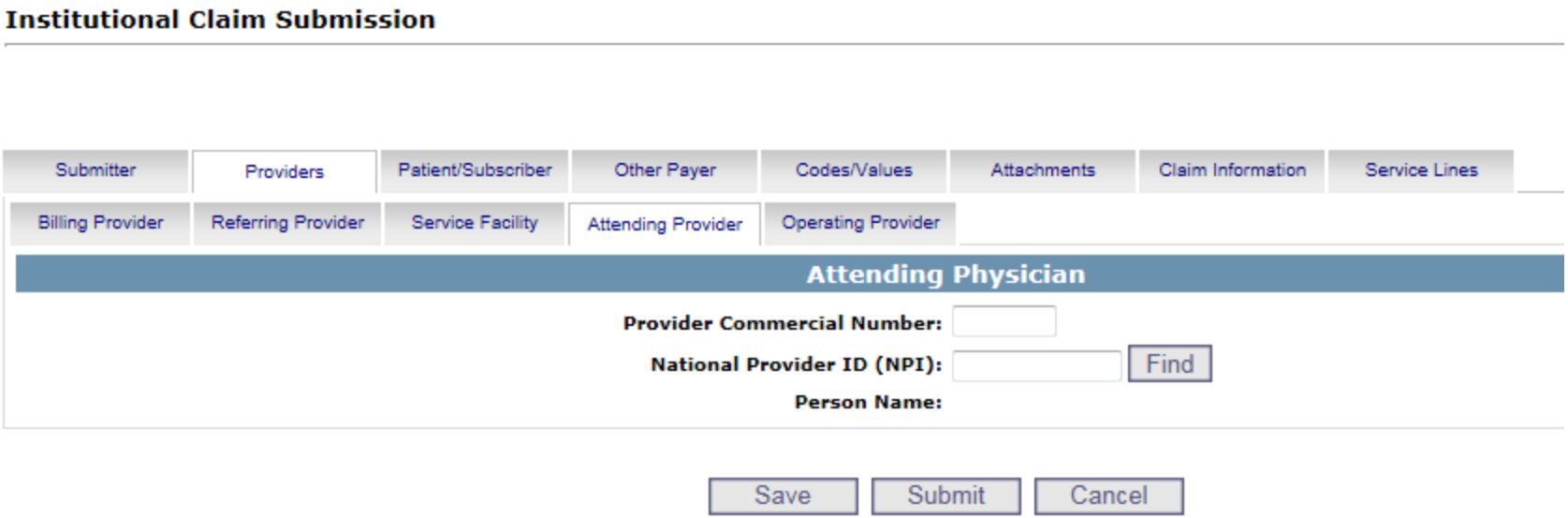
Institutional Claim Submission



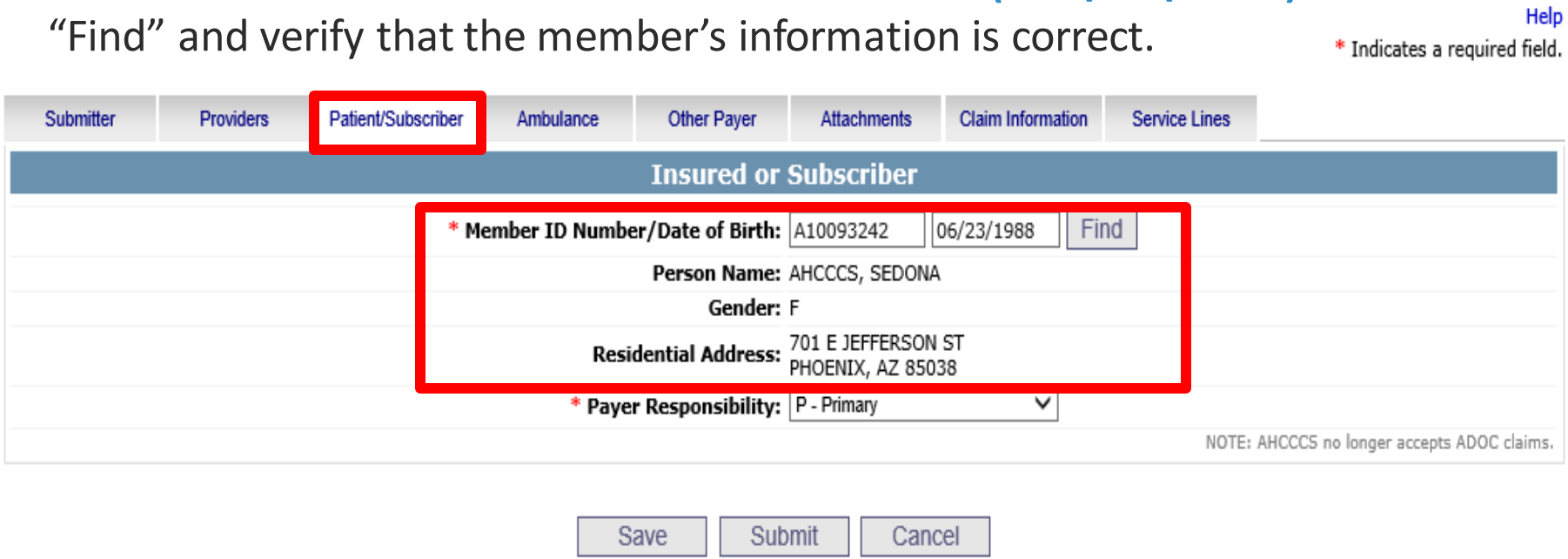
1	This is the Referring Provider screen
2	CMMS National Provider ID– Enter NPI number
3	Click Find – the Referring Provider information should be displayed
4	Select the Attending Provider tab next



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

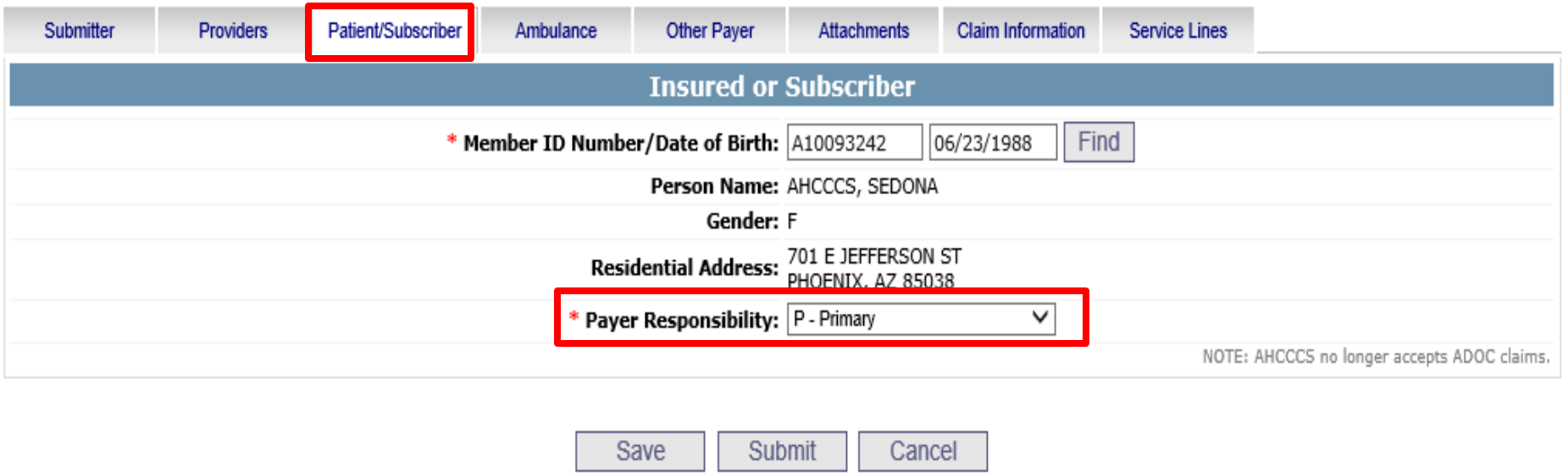
Enter the member's **AHCCCS ID and Date of Birth (MM/DD/YYYY).** Click "Find" and verify that the member's information is correct.



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.

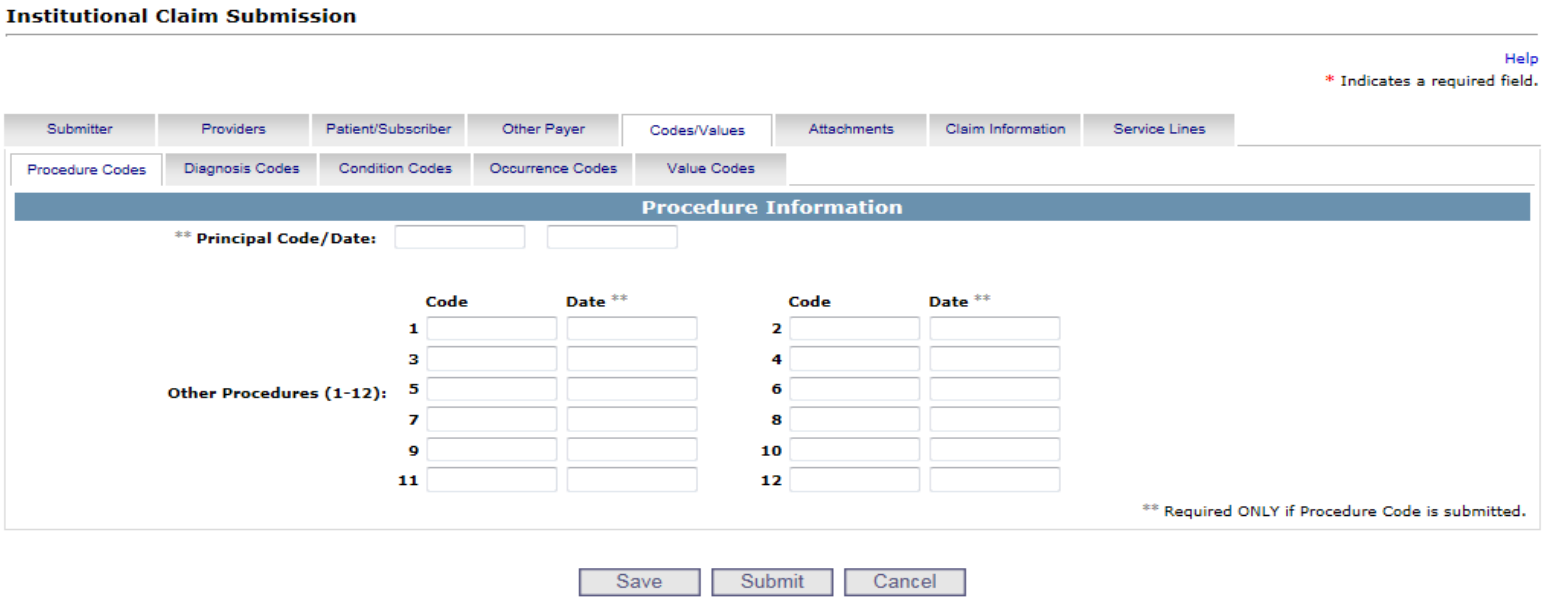
This mock claim identifies AHCCCS as the Primary Payer and highlight P-Primary.



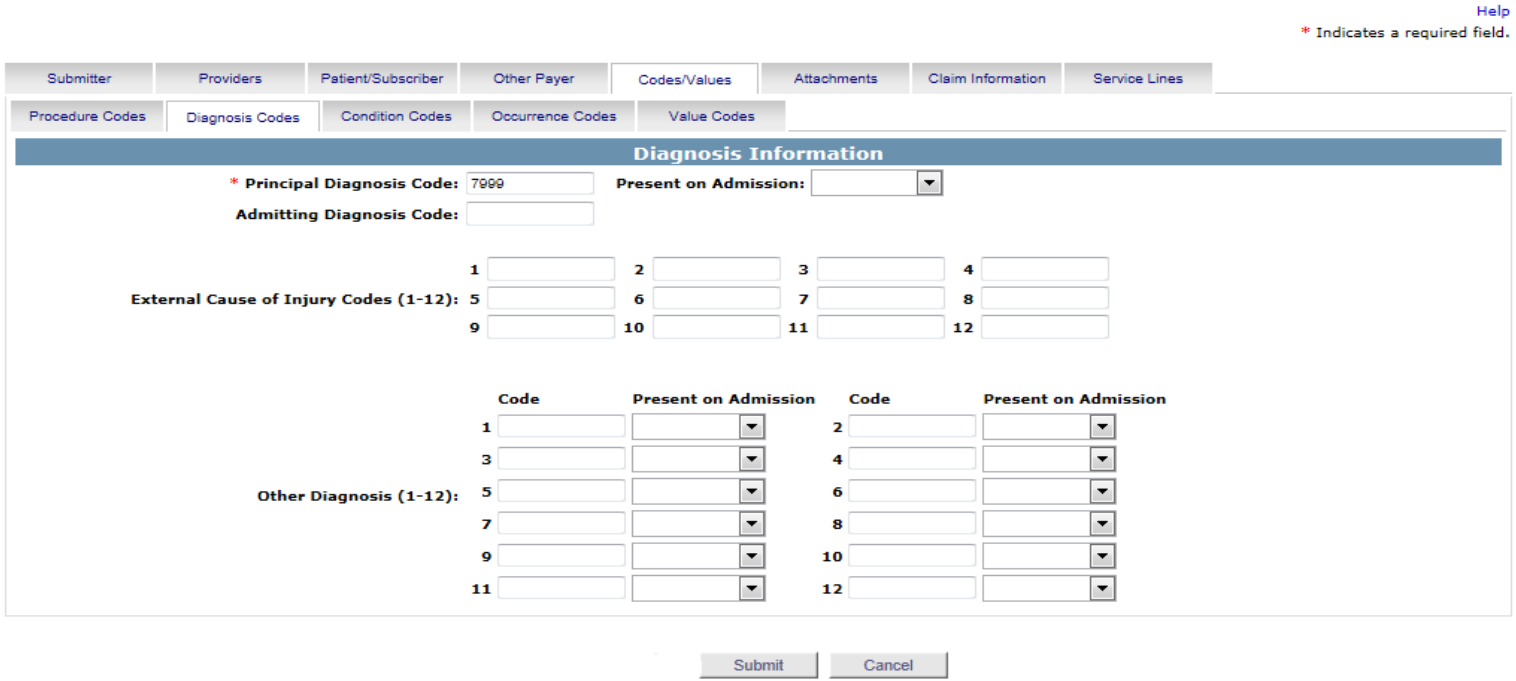
Optional Tabs

Optional Tabs (if applicable)

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

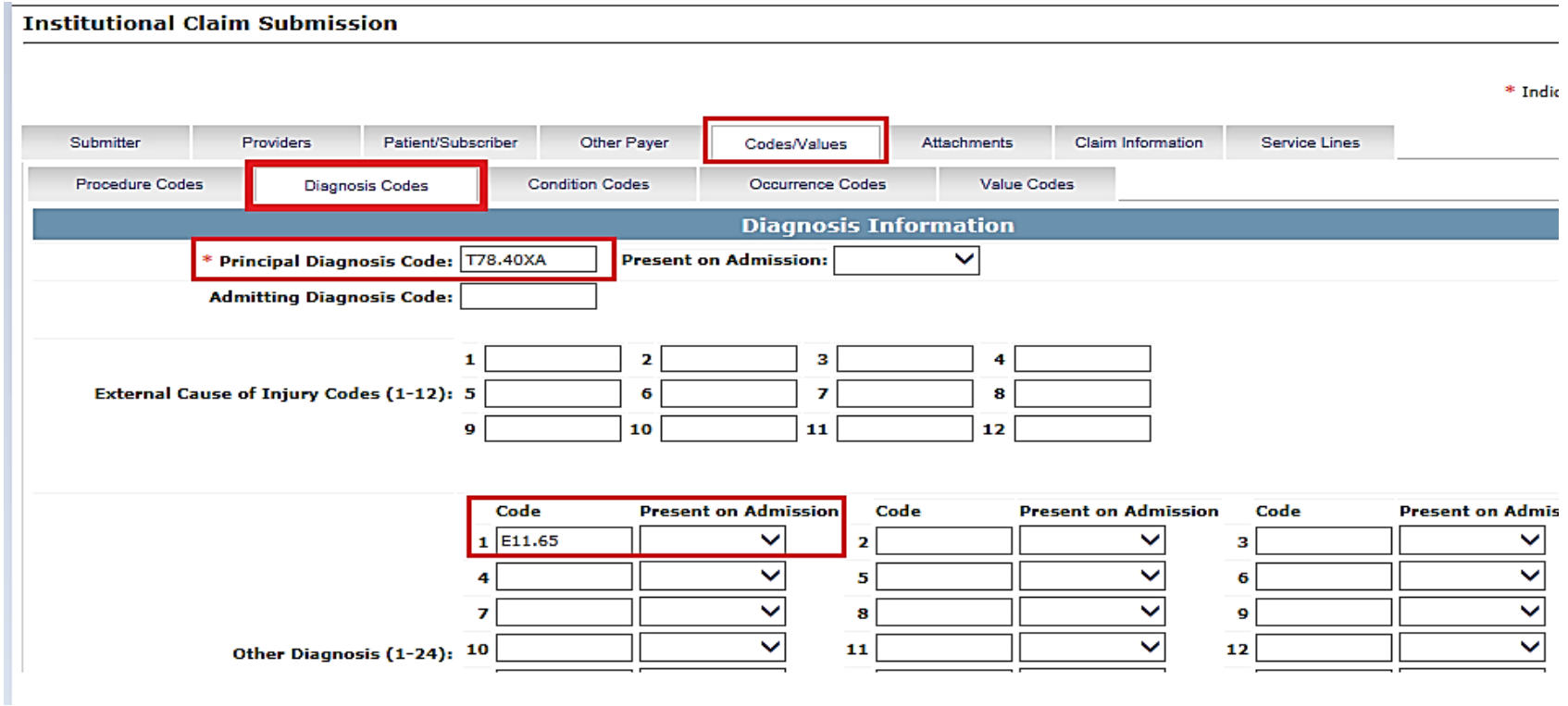


1	This is the Codes/Valuesscreen
2	Principal Code/Date – If billing for inpatient, enter procedure code/s and date
3	Select the DiagnosisCodes tab next



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

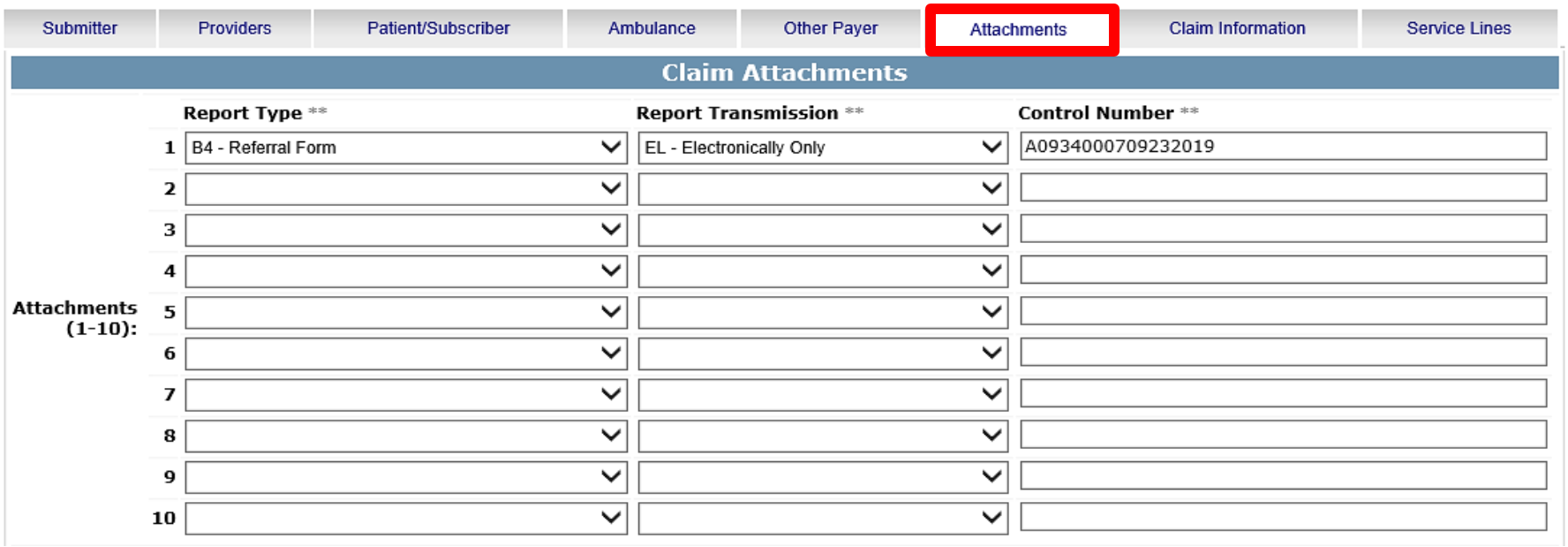
Diagnosis Codes Tab



Attachments Tab

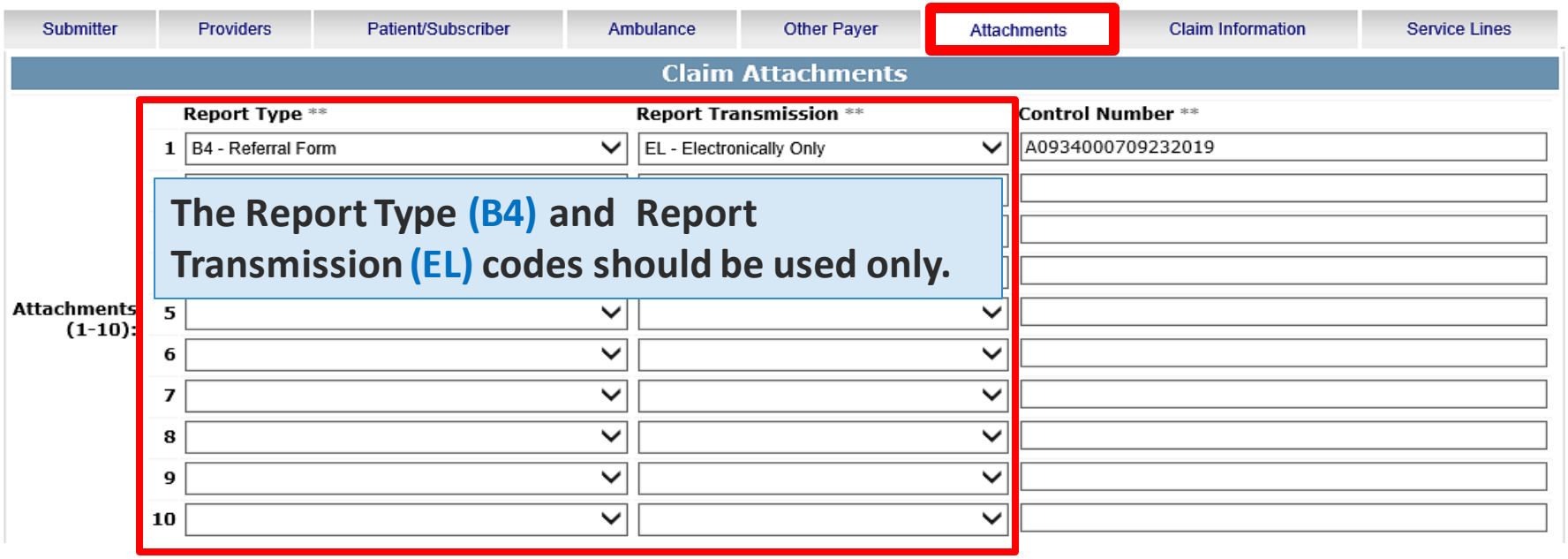
Attachments Tab

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.



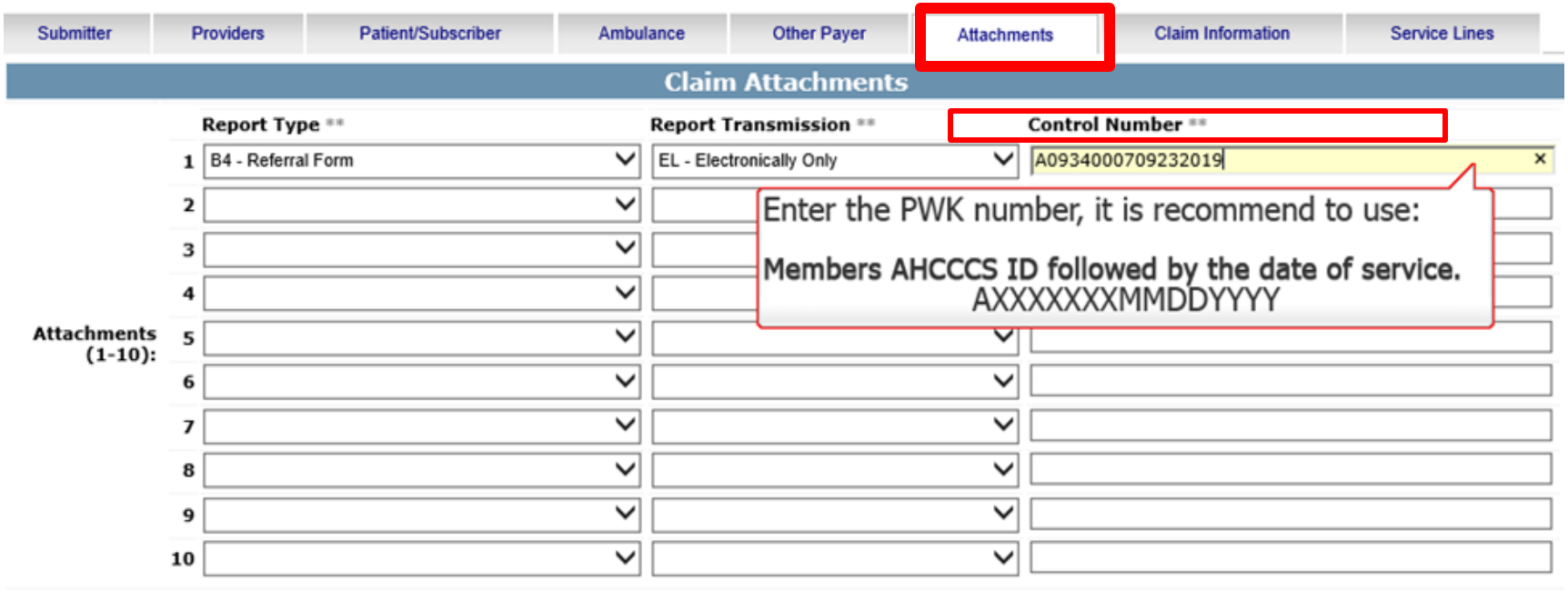
Attachments Tab

- 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 you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

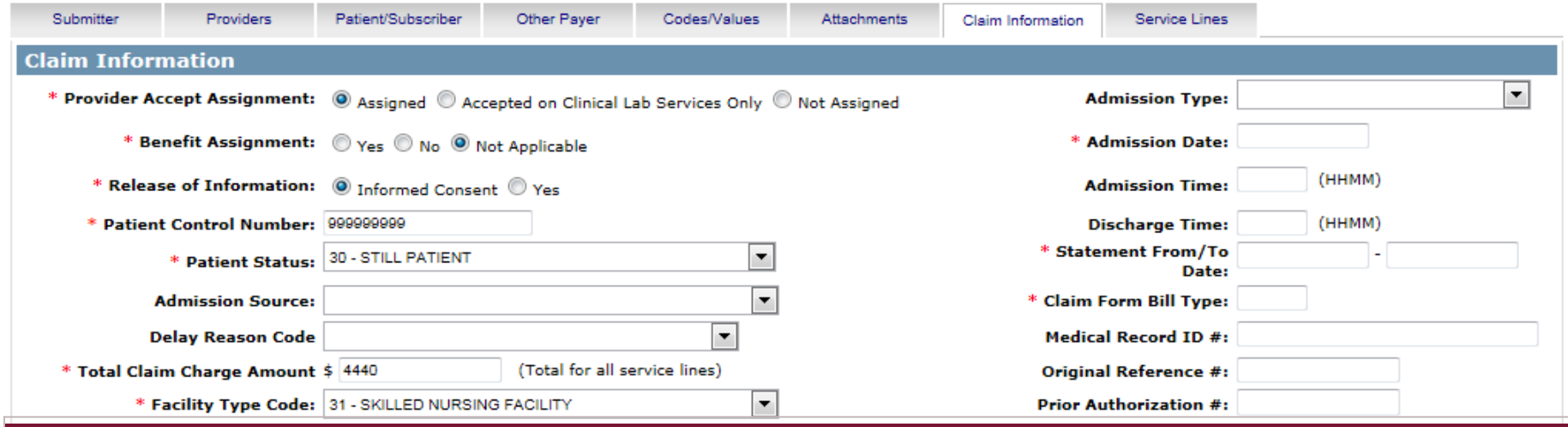


Control Number (PWK number)

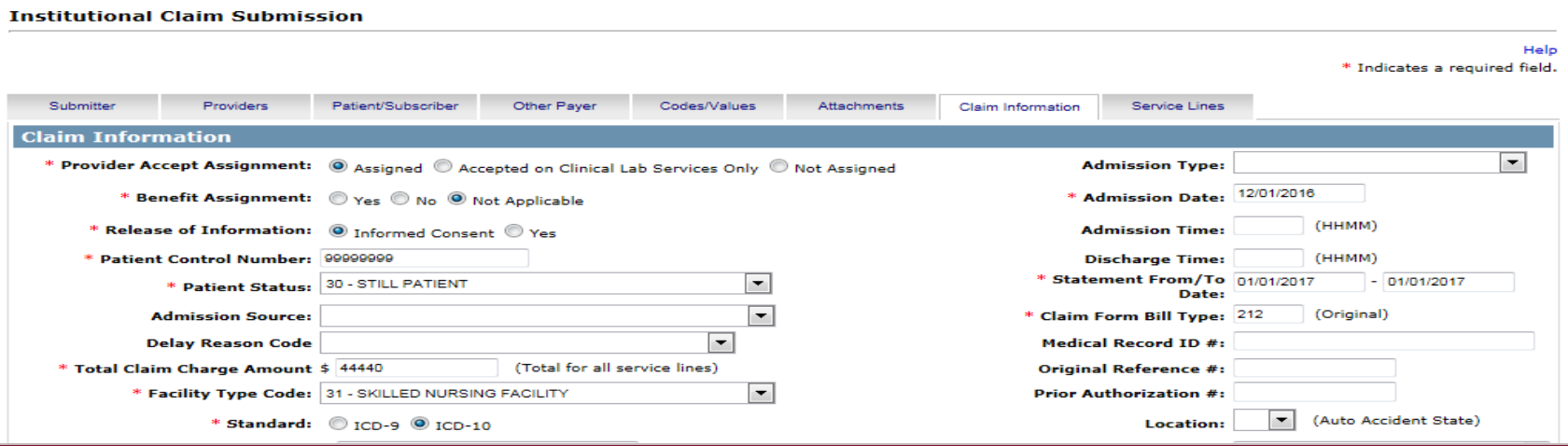
Example of a PWK number using a member's AHCCCS ID and the Date of Service	
AHCCCS ID (**9-character AHCCCS ID**) The A in AHCCCSID must be in uppercase	A12345678
Date of Service	01/03/18
PWK for Claim 1, Document 1	A1234567801032018
Different AHCCCS ID member with the Same Date of Services	
AHCCCS ID (**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.

Claim Information Tab



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



	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 singe date
14	Select the Service Lines tab next

Service Line Tab

AHCCCS
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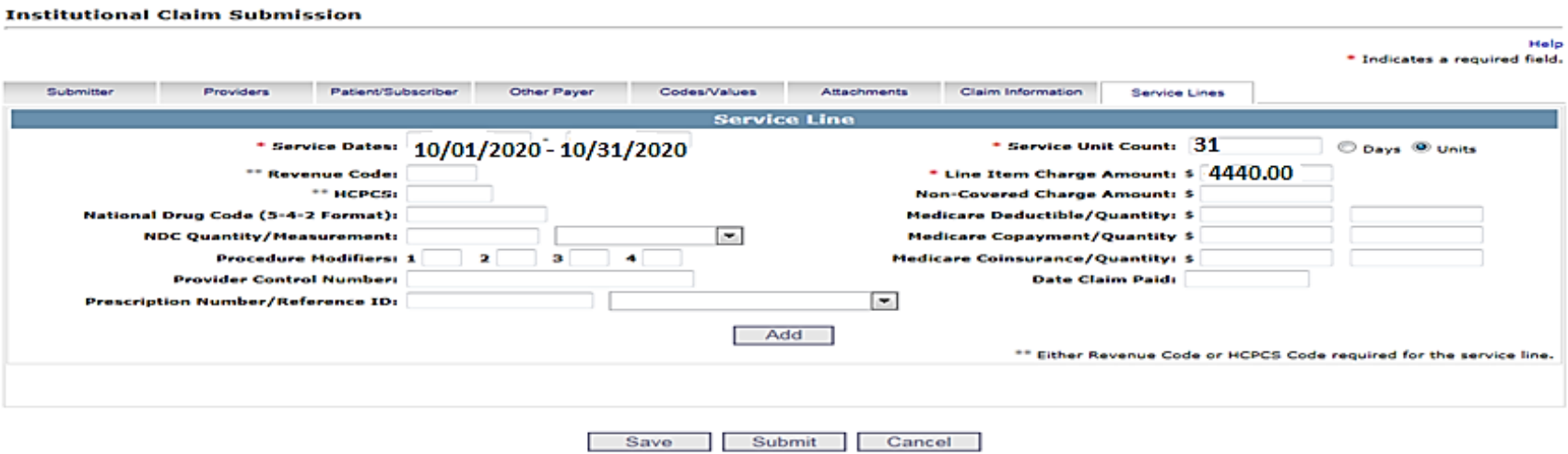
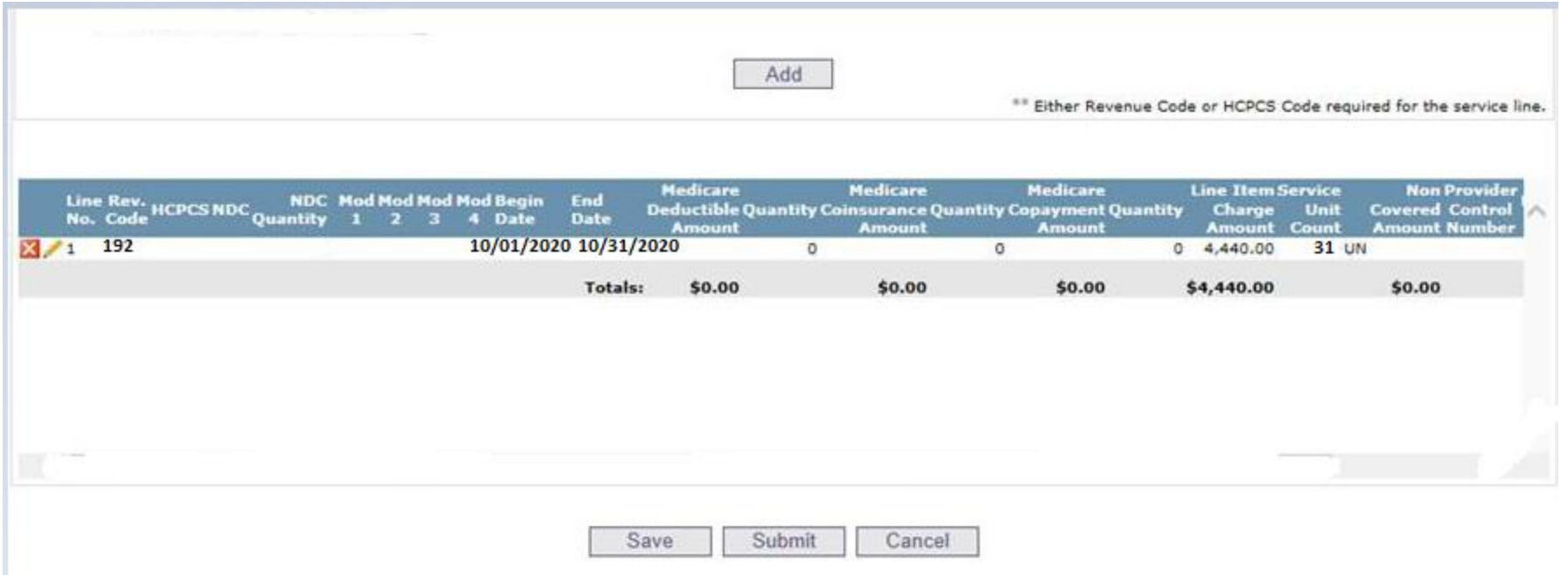
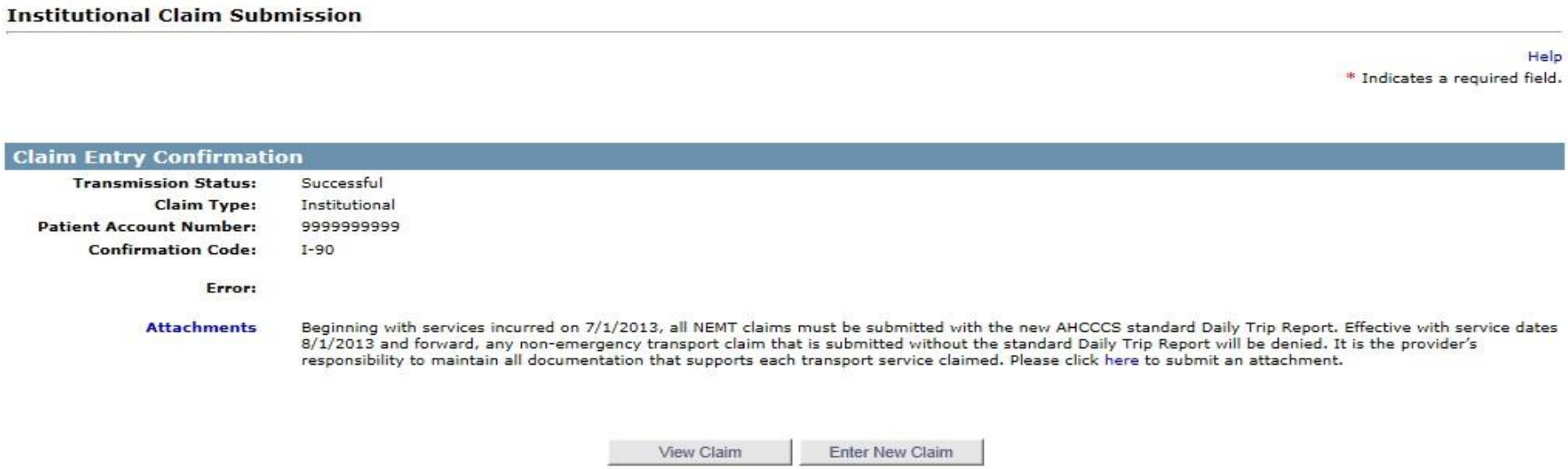


1	This is the Service Lines screen - fill out all the areas marked by red asterisks
2	Service Dates – Enter the date(s) of service
3	Revenue Code – Enter a Revenue Code
4	Service Unit Count – enter the unit or days you are billing
5	Line Item Charge Amount – Enter the dollar amount that will be charged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



1	All added lines will appear at the bottom of the screen
2	Click Submit if you are done



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

AHCCCS
Arizona Health Care Cost Containment System

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.