



Prior Authorization Submission

Updated: January 2022

About this Presentation

This tutorial will cover How to Submit a Prior Authorization Request using the AHCCCS Online Provider Portal. This information is designed for the Fee-for-Service programs only including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).

To access the Online Provider Portal or to register for an online user account, click the link below and follow the registration prompts under “Register for an online account”.

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

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

What is a Prior Authorization?

What is a Prior Authorization?

Prior Authorization (PA) is a process in which a health plan determines in advance whether a service (one that requires prior approval) will be covered, based on the initial information received.

A prior authorization may be granted provisionally (as a temporary authorization) pending the receipt of required documentation to substantiate compliance with AHCCCS criteria.

Prior Authorization Does NOT Guarantee Payment

Granting Prior Authorization (PA) does not guarantee payment.

Reimbursement is based on the accuracy of the information received with the original prior authorization request, if the service is substantiated through concurrent and/or medical review, and if the claim meets claims submission requirements.

In addition, the claim must meet all AHCCCS criteria including, but not limited to, clean claim and timely filing requirements.

The service must also be rendered by an AHCCCS-registered provider. Any referring, ordering, prescribing, or attending provider must be an AHCCCS-registered provider.

Where Can I Find Updated PA Requirements?

Up-to-date AHCCCS Prior Authorization (PA) requirements for the Division of Fee-for-Service Management (DFSM) are outlined in the following areas:

- [AMPM 820, FFS Prior Authorization Requirements](#)
- [FFS Prior Authorization Web Page](#)
- [Chapter 8, Prior Authorizations, of the FFS Provider Billing Manual](#)

PA Services That Are Not Handled by DFSM

The following services are not handled by DFSM. Providers must contact the appropriate entity for authorization:

- Non-Acute Services for Tribal ALTCS Program members - contact Tribal Case Manager.
- Transplant Services - contact Medical Management in the AHCCCS Division of Health Care Management (DHCM).
- Prescription Medication - contact the contracted Pharmacy Benefit Manager (PBM), Optum Rx at (855) 577-6310.
- Behavioral Health prior authorization requests for Acute FFS members that are assigned to a RBHA – contact the RBHA.

Additional Prior Authorization Requirements

Prior Authorization is issued for AHCCCS covered services within certain limitations, based on the following:

- The member's AHCCCS eligibility;
- Provider status as an AHCCCS-registered FFS provider;
- The service requested is an AHCCCS covered service requiring PA;
- Information received from the provider meets the requirements for issuing a PA number;
- The service requested is not covered by another primary payer (e.g., commercial insurance, Medicare, other agency).

Services That Do Not Require a Prior Authorization

Prior Authorization is not required for the following services:

- Emergency services;
- Federal Emergency Service Program (FESP) Members*,
- IHS or Tribal 638 services for Fee-for-Service, Title XIX members,
- IHS or Tribal 638 non-pharmacy services for Title XXI (KidsCare) members,
- Services provided prior to the posting of the member's retroactive eligibility,
- Emergency transportation,
- Non-emergency medical transportation under 100 miles,
- Purchase of medical equipment <\$300.00 and supplies <\$100.00

*Extended services enrollment is required for coverage of Outpatient Dialysis for FESP members.

Services That Do Not Require a PA (Continued)

Prior Authorization is not required for the following services:

- Services provided during a member's Retroactive Eligibility Period,
- When other coverage is primary, e.g.: Medicare or Commercial Insurance
- Emergency Medical Hospitalization less than <72 hours in duration,
- Emergency Admission to Behavioral Health Level 1 Inpatient facility requires AHCCCS notification within 72 hours from admission and concurrent review every 7 days,
- Diagnostic procedures, e.g., EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies, cardiac catheterization
- Non–Surgical Procedures, e.g., PICC Line/Central Line removal or placement, PEG removal, Blood Transfusions
- Outpatient Chemotherapy and Non IMRT Radiation

Services That Do Not Require A PA (*continued*)

Prior Authorization is not required for the following services:

- Emergency Dental and Dental Services for Members < 21 years old (AMPM Ch. 400), Some dental services for members < 21 do require prior authorization – see Ch 431 & Ch 820,
- Emergency Dental Services for Members age 21 years and older up to the \$1000 limit (AMPM Policy 310-D1),
- Eye Glasses for members < 21 years old,
- Family Planning Services,
- Physician Consultations and Office Visits,
- Prenatal Care

Note: This is not a comprehensive list.

Services That Require a Prior Authorization

Services that require Prior Authorization:

- [Behavioral Health Residential Facility Documentation Requirements \[BHRF in Word Version\]](#)
- [Behavioral Health Residential Facility AMPM 320-V Guidance](#)
- Non-Emergency Acute Inpatient Admissions
- Level I Behavioral Health Inpatient Facility and RTC Admissions
- Non-emergency and elective admissions (scheduled) Hospitalizations
- Elective Surgeries

Services That Require a PA (continued)

Services that require Prior Authorization:

- [Medical Equipment \(DME\)](#) > \$300.00
- Medical Supplies (consumable) >\$100.00 and all rentals and repairs.
- [Home Health](#)
- [Hospice](#)
- [Skilled Nursing Facility](#)
- Non-Emergency Transportation single or round trip >100 miles.

For urgent requests please see:

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/submissionprocess.html>

Prior Authorization for IHS and 638 Providers and Facilities

Prior Authorization for IHS and 638 Providers and Facilities – Title XIX Members

Prior Authorization is not required for Title XIX Medicaid members that receive services at an IHS or 638 facility or clinic.

Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

Title XXI (KidsCare) members and ***Tribal ALTCS/ALTCS members*** may require prior authorization for certain services.

- For prior authorization of services for Title XXI (KidsCare) members enrolled in an AHCCCS Complete Care (ACC) Health Plan please contact the ACC Health Plan in question.

Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

ACC Health Plans	Website	Phone #
Care1st Health Plan	www.care1staz.com	1-866-560-4042
Health Choice Arizona	www.HealthChoiceAZ.com	1-800-322-8670
Magellan Complete Care	www.mccofaz.com	1-800-424-5891
Mercy Care	www.mercycareaz.org	1-800-624-3879
Banner-University Family Care	www.bannerufc.com/acc	1-800-582-8686
UnitedHealthcare Community Plan	https://www.uhccommunityplan.com	1-800-348-4058
Arizona Complete Health-Complete Care Plan	www.azcompletehealth.com/completecare	1-888-788-4408

Prior Authorization for IHS and 638 Providers and Facilities – Title XXI Members

For ***Title XXI (KidsCare) members enrolled in the American Indian Health Program (AIHP)*** and receiving services at an IHS or 638 facility:

- For pharmacy related services please contact the Pharmacy Benefit Manager (PBM), which is OptumRx, for Prior Authorization requirements.
- For all other services, no PA is required.

Prior Authorization for IHS and 638 Providers and Facilities – Grid

Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider	Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider	Program/Location Services Received At IHS/638 Provider Non-IHS/638 Provider
Title XIX Members	No PA Required	PA may be required
Title XXI (KidsCare) Members enrolled in an AHCCCS Complete Care (ACC) health plan	Contact the ACC health plan for PA requirements	PA may be required from the ACC health plan
Title XXI (KidsCare) Members enrolled in AIHP	No PA Required for nonpharmacy services. Contact the PBM for PA requirements for pharmacy services.	PA may be required from the AHCCCS Administration
ALTCS Members	PA may be required from the Case Manager	PA may be required from the Case Manager
Tribal ALTCS Members	PA may be required from the Tribal Case Manager	PA may be required from the Tribal Case Manager



Preferred Method of Submission

Preferred Method of Submission

Use of the [AHCCCS Online Provider Portal](#) is the preferred method of submitting prior authorization requests for Fee-For-Service members. Online submission allows PA staff to process authorization requests efficiently and quickly.

Authorization requests automatically generate a Pended Authorization or Case Number. Providers may also submit required documentation for the PA request using the ***Attachment*** link on the Event List page.

If submission for a Prior Authorization request or Documentation is not possible due to internet outage or other unforeseen events, the [Prior Authorization Request Form](#) must be utilized and faxed to the PA Department.

Preferred Method of Submission

Prior Authorization status should be checked using the [AHCCCS Online Provider Portal](#).

- Providers who would like ***immediate*** information, can access the provisional authorization number and track the authorization status *in real time* on the AHCCCS Online Provider Portal.
- Providers can also review any comments entered by the PA staff directly on the AHCCCS Online Provider Portal on the Event List tab.
- NOTE: Prior authorization staff no longer provide authorization status, updates or issue standard authorizations over the phone.

AHCCCS Online Provider Portal

How to Access the Online Provider Portal

Option 1: Navigate to the AHCCCS website, select Plans/Providers tab, then click on AHCCCS Online.



Option 2: Providers may also access the AHCCCS Online Provider Portal directly at:

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

New Account

Register for an AHCCCS Online account.

To learn more about AHCCCS Online, Click Here

To set up an account, click on the Register link and follow the instructions.

*Note: Providers must have a valid username and password.

** 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.

On the **Welcome to the FFS Prior Authorization Web Portal** page, select Prior Authorization Submission on the menu tab and at the bottom of the page.

Main | FAQ | Terms Of Use | LogOut |

Menu
A/IMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Targeted Investments Program

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$200.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non - Emergency Outpatient Procedures
- Non - Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non - Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non - ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non - Surgical Procedures, e.g. FICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the "Prior Authorization Submission" tab.

Prior Authorization Submission

Prior Authorization Search Screen

PA Recipient/Case Search

* Indicates a required field.

Complete all fields with a red asterisk and include dates of services if applicable.

Search System:* ACUTE ▾

Search By:* AHCCCS ID ▾

AHCCCS ID:* A11671912 (Ex. A12345678)

Service Provider ID:* 007835 ▾

Begin Date Of Service: 12/24/2019 (Format: MM/DD/YYYY)

End Date Of Service: 06/24/2020 (Format: MM/DD/YYYY)

Search

Clear

Next
click "Search"

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

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case.

NOTE: Approved PA cases cannot be updated online.

Service provider**Provider ID:** 007835**Provider Name:** NEMT TEST**NPI:****Search Dates****Begin Date:** 12/24/2019**End Date:** 06/24/2020**Case List**

No Records Found.

[Add New Case](#)

- There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.
- If there are no cases listed, the same steps are taken as adding a new case when clicking "Add New Case"

Case List Screen

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact [PA Group](#) to update approved PA cases.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Search Dates

Begin Date: N/A

End Date: N/A

Case List

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

Add New Case

- If you are requesting a PA and there are existing cases listed, you will select the Case Number that falls within the time frame for the date of service.

Adding a New Case

Add New Case

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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

Enter Case Information

* Indicates a required field.

AHCCCS ID:*	<input type="text" value="A11671912"/>	
Service Provider ID:*	<input type="text" value="007835"/>	<input type="button" value="v"/>
Provider Contact Name:*	<input type="text" value="Training Provider"/>	
Contact Phone Number:*	<input type="text" value="602-417-4000"/>	
Effective Begin Date:*	<input type="text" value="03/23/2020"/>	<input type="button" value="v"/>
Effective End Date:*	<input type="text" value="03/23/2020"/>	<input type="button" value="v"/>
Description:*	<input type="text" value="Transportation"/>	
	<input type="button" value="Next"/>	<input type="button" value="Clear"/>

Once all the information has been entered, select "Next".

Enter the date you want the case to begin.

Automatically defaults to end of year from begin date.

Enter a description of service types provided (Ex. Transportation).

Verify Case Information

Add New Case

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) |

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Verify Case Information

AHCCCS ID: A11671912

Provider ID: 007835

Service Provider NPI:

Provider Contact Name: Training Provider

Contact Phone Number: 602-417-4000

Effective Begin Date: 03/23/2020

Effective End Date: 12/31/2020

Description: Transportation

Verify that the information is correct, and select "Submit"

Submit

Edit

Verify that the information is correct, if not click on the edit button to make changes

Case List Screen

The phrase “Transaction Succeeded” will appear in red indicating that a new case list for this member was completed.

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case.

NOTE: Approved PA cases cannot be updated online.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Search Dates

Begin Date: 12/24/

End Date: 06/24/2020

Each case list will be assigned a case number

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	Update
000864983	A11671912	03/23/2020	12/31/2020	PENDED	PRIOR AUTHORIZATION	TRANSPORTATION	Update

Select the “Case No” of the PA request that you added

Add New Case

Adding a New Event (Step 2)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the [PA Group](#) to update approved events.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Recipient

AHCCCS ID: A11671912

Name: AHCCCS, APACHE

DOB: 03/05/1998

Gender: M

Case Detail

Case No: 000864983

Begin Date: 03/23/2020

End Date: 12/31/2020

Status: PENDED

Event List

No Records Found.

[Add New Event](#)

Click on the "Add New Event" tab to begin the process of entering a new Event.

Enter Event Information

* Indicates a required field.

The Case No., Recipient AHCCCS ID, Provider Contact Name and Contact Phone number auto populates from the previous page and no action is required.

Case No:* 000864983

Event Type:* OTHER TRANSPORT

Recipient AHCCCS ID:* A11671912

Provider Contact Name:* Training Provider

Contact Phone Number:* 602-417-4000

Enter the dates of service here (for transport, enter the date of the trip)

Requested Begin Date:* 03/23/2020

Requested End Date:* 03/23/2020

Admit Date:

Discharge Date:

Diagnosis Code:* R68 . 89

Description: Non-ER Transport

Enter the appropriate diagnosis code

Use the Description field to provide additional information about your PA request

Next

Clear

Once all the information is entered, click "Next".

Verify Event Information

Verify Event Information

Case No: 000864983

Event Type: OT(OTHER TRANSPORT)

Recipient AHCCCS ID: A11671912

Provider Contact Name: Training Provider

Contact Phone Number: 602-417-4000

Requested Begin Date: 03/23/2020

Requested End Date: 03/23/2020

Admit Date:

Discharge Date:

Diagnosis Code: R68.89

Description: Non-ER Transport

Submit

Edit

If the Event information is correct click the **Submit** button.

If you need to correct an error, Click the **Edit** button, make the correction and click the **Update / Submit** button.

Proceed to the next step, completing the **Activity List**.

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

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

Recipient
AHCCCS ID: A11671912 **Name:** AHCCCS, APACHE **DOB:** 03/05/1998 **Gender:** M

Case Detail
Case No: 000864983 **Begin Date:** 03/23/2020 **End Date:** 12/31/2020 **Status:** PENDING

Event List

Click on "attachments" to submit attachments if needed.

Partial text for new unread notes will appear as a blue link.
 Click the link for each Event shown in the Unread section to view the full text of important information about your authorization.
 Click on the button in the Read section to review any previously read notes.

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	OT	03/23/2020	03/23/2020		PENDING	RH009	R68.89	Update	Attachments
Unread notes for Seq=01									
No unread notes for this event									
+ Read notes for Seq=01									

Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.

The phrase "Transaction Succeeded" will appear in red indicating that a new event list for this member was completed.

Add New Event

Upload Attachment Screen

The following slides will show how to upload an attachment to your PA request.

Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the [PA Group](#) for further assistance.

Recipient			
AHCCCS ID: A11671912	Name: AHCCCS, APACHE	DOB: 03/05/1998	Gender: M

Case Detail			
Case No: 000864983	Begin Date: 03/23/2020	End Date: 12/31/2020	Status: PENDED

Event Detail			
Sequence No: 01	Service Begin Date: 03/23/2020	Service End Date: 03/23/2020	Status: PENDED

Request Type:	<input type="text" value="v"/>	Select file to upload:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload Attachment"/>
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Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments

*** NO PENDING ATTACHMENT(S) FOUND ***

Submitted Attachments

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

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient			
AHCCCS ID: A11671912	Name: AHCCCS, APACHE	DOB: 03/05/1998	Gender: M

Case Detail			
Case No: 000864983	Begin Date: 03/23/2020	End Date: 12/31/2020	Status: PENDED

Event Detail			
Sequence No: 01	Service Begin Date: 03/23/2020	Service End Date: 03/23/2020	Status: PENDED

Request Type:

- BH AIHP
- Dental
- DME
- GR TRBHA
- Home Health
- Home Infusion
- Hospice
- Lodging/Meals
- Medical (IP)
- Medical (OP)
- NN TRBHA
- Observation
- PY TRBHA
- Reconsideration
- SNF
- Surgical Request
- Transport
- Transport Behavioral Health
- Transport Medical
- UR-Concurrent
- UR-Retro
- WMM TRBHA

In the "Request Type" field, click the down arrow and select the service type that matches the PA request.

Select file to upload:

Browse...

Upload Attachment

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

Original Attachments

ATTACHMENT(S) FOUND ***

Submitted Attachments

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

Recipient

AHCCCS ID: A11671912

Name: AHCCCS, APACHE

DOB: 03/05/1998

Gender: M

Case Detail

Case No: 000864983

Begin Date: 03/23/2020

End Date: 12/31/2020

Status: PENDED

Event Detail

Sequence No: 02

Service Begin Date: 03/26/2020

Service End Date: 03/26/2020

Status: PENDED

Click "Browse" to find your document on your computer.

Request Type:

Select file to upload:

Browse...

Click the "Upload Attachment" tab.

Upload Attachment

File successfully uploaded.

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

Pending Attachments

Transport.docx



Submitted Attachments

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

Submit

On the **Event List** page, you can also **Read** comments entered by the PA team by clicking on the **Plus sign (+)**.

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#)



Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the [PA Group](#) to update approved events.

Service provider

Provider ID:

Provider Name: NEMT TEST

NPI:

Click on the button in the Read section to review any previously read notes.

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	MD	01/01/2021	01/01/2021		PENDED	PH009	M12.349	Update	Attachments



Unread notes for Seq=01

Read notes for Seq=01

No unread notes for this event

Add New Event

Click on the Sequence number to proceed to the final step to enter the **“Activity List”** information.

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

Click on the "Sequence" number assigned to the event you entered.

**Note: There may be more than one event but to complete the current PA request, select the event you recently created.*

This will take you to the final step of the PA submission process which is completing the "Activity List Screen".

to update approved events.

Provider ID: _____ NPI: _____

AHCCCS ID: _____ Gender: M

Case No: _____ Status: PENDING

Partial text for new unread notes will appear as a blue link.
Click the link for each Event shown in the Unread section to view the full text of important information about your authorization.
Click on the button in the Read section to review any previously read notes.
Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	OT	03/23/2020	03/23/2020		PENDING	PH009	R68.89	Update	Attachments
Unread notes for Seq=01									
No unread notes for this event									
+ Read notes for Seq=01									

Add New Event

Completing the Activity Information

Enter Activity Information

Case Number:*	000864984
Provider Contact Name:*	Test MD
Contact Phone Number:*	111-222-3333
Sequence Number:*	01
Activity Type:*	HCPCS 
Activity Code:*	69433
Modifier:	
Allowed Units:*	2.000
Note:	
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

Activity Code = Procedure Code

Click the down arrow in the Activity Code field and make your selection

Modifier field is optional

For Transport
1 unit = one way
2 units = round trip and so fourth

Once all the information has been entered, click "Next"

Use the Note field to provide additional information about your PA request including description requirements.

Adding Additional Activities

Event Detail

Sequence No: 01

Srv Begin Date: 03/27/2020

Srv End Date: 03/30/2020

Status: PENDING

Activity List

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	69433		2.000	0.000	PENDING	PH009	175.0500	Update

Add New Activity

To add another Activity to the same event, click on the Add New Activity button.

Note:* For Transports providers must have at least two activities, one for the **base and another activity for the mileage. See the following slides for instructions on how to fill-out the mileage portion of your PA request.

Completing the Activity Information for NEMT PA Requests

For NEMT providers and providers with category of service (COS) 31, must complete the Trip Counts along with the trip from site/service and trip to site/service fields.

Reminder: The AHCCCS Daily Trip Report must be completed and submitted with each NEMT claim. Failure to submit the Daily Trip Report will result in the denial of the claim.

The screenshot shows a web form titled "Enter Activity Information" with the following fields and values:

- Case Number: 000864983
- Provider Contact Name: Training Provider
- Contact Phone Number: 602-417-4000
- Sequence Number: 01
- Activity Type: Other Transport (dropdown menu)
- Activity Code: (empty text box)
- Modifier: (empty text box)
- Allowed Units: (empty text box)
- Trip Count: (empty text box)
- Trip From:
 - Site: (dropdown menu showing ---SELECT---
 - Service: (dropdown menu showing ---SELECT---
- Trip To:
 - Site: (dropdown menu showing ---SELECT---
 - Service: (dropdown menu showing ---SELECT---
- Note: (empty text box)

At the bottom of the form are two buttons: "Next" and "Clear".

Transport ONLY

Once you have completed the Activity for the base, click on the “Add New Activity” button and a new activity screen will appear.

For Transport
1 unit = one way
2 units = round trip and so fourth

Enter Activity Information

Case Number:*	000864983
Provider Contact Name:*	Training Provider
Contact Phone Number:*	602-417-4000
Sequence Number:*	01
Activity Type:*	HCPCS
Activity Code:*	S0215
Modifier:	TN
Allowed Units:*	150.00
Trip Count:*	2
Site:*	-----SELECT----
Service:*	-----SELECT----
Site:*	-----SELECT----
Service:*	-----SELECT----
Note:	

Activity Code = Procedure Code

Modifier field is optional

Enter the total mileage here

Next Clear

Trip From (SITE)

Where member is being picked up from

—SELECT—

- BULLHEAD
- CASA GRANDE
- CHINLE
- DILKON
- FLAGSTAFF
- FORT DEFIANCE
- GANADO
- GLOBE
- HOME
- HOLBROOK
- KAYENTA
- KINGMAN
- LAKE HAVASU
- MISC.
- MOHAVE VALLEY
- NEW MEXICO
- NEVADA
- PAYSON
- PAGE
- PHOENIX
- PARKER
- PRESCOTT
- SAFFORD
- SHOWLOW
- TUBA CITY
- TUCSON
- TUBA CITY
- UTAH
- WINSLOW

Site

Site:*

Trip From

MISC. ▼

Service:*

DIALYSIS CLINIC ▼

Site:*

PHOENIX ▼

Service:*

DIALYSIS CLINIC ▼

Note:

Next

Clear

Use the Note field to provide additional information about your PA request in

Select the "Case No" of the PA request that you added

Trip from (Service)

The type of service the member will be receiving

—SELECT—

- ACUTE PSYCHIATRIC CENTRE
- GROUP HOME
- NEUROLOGIST
- PSYCHOLOGIST
- RESIDENTIAL TREATMENT CENTER
- HOME
- HOSPITAL
- PHARMACY
- DIAGNOSTIC/LAB/XRAY
- CLINIC
- DENTIST
- PHYSICIAN
- CERTIFIED NURSE-MIDWIFE
- PODIATRIST
- PSYCHOLOGIST
- OCCUPATIONAL THERAPIST
- PHYSICAL THERAPIST
- SPEECH/HEARING THERAPIST
- CHIROPRACTOR
- RESPIRATORY THERAPIST
- NURSING HOME
- COMMUNITY/RURAL HEALTH CENTER
- DME SUPPLIER
- REHABILITATION CENTER
- DIALYSIS CLINIC
- AMBULATORY SURGICAL CENTER
- MENTAL HEALTH CLINIC
- HOTELS
- HOSPITAL OUTPATIENT SURGERY

Service

Prior Authorization Inquiry

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

Prior Authorization: PA Search

Prior Authorization Search

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

* indicates required fields

Search System: *	<input type="text" value="ACUTE"/>	▼	
Service Provider ID: *	<input type="text" value="007835"/>	▼	
Recipient AHCCCS ID:	<input type="text"/>		Ex. A12345678
Case Number:	<input type="text"/>		9 Digit Number
Begin Date of Service: *	<input type="text" value="12/27/2019"/>		Format: MM/DD/YYYY
End Date of Service: *	<input type="text" value="06/27/2020"/>		Format: MM/DD/YYYY
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>	

To status a PA request, on the menu, select *Prior Authorization Inquiry*.

PA Search

Prior Authorization: PA Search

Prior Authorization Search

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

* indicates required fields

Search System:*	ACUTE	▼
Service Provider ID:*	007835	▼
Recipient AHCCCS ID:	A11671912	
Case Number:		
Begin Date of Service:*	12/27/2019	
End Date of Service: *	06/27/2020	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Ex. A12345678

9 Digit Number

Format: MM/DD/YYYY

Format: MM/DD/YYYY

Complete the required fields and select "Search".

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

PA Search

Prior Authorization Search

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

* indicates required fields

Search System:* ACUTE

Service Provider ID:* 007835

Recipient AHCCCS ID: A11671912

Case Number:

Begin Date of Service:* 12/27/2019

End Date of Service:* 06/27/2020

Click search, a list of PA's will display

Ex. A12345678

9 Digit Number

Format: MM/DD/YYYY

Format: MM/DD/YYYY

Each PA will have an assigned Case No.

Case List

Total cases found:1

Case NO	Recipient ID	Provider ID	Case Type	Case Status	Begin Date	End Date	Description
000864983	A11671912	007835	PRIOR AUTHORIZATION	P-PENDE	03/23/2020	12/31/2020	TRANSPORTATION

Click on Case Number to see further details.

Case Detail

Case NO: 000864983
Case Type: PRIOR AUTHORIZATION

Case Status: P-PENDED
Effective Dates: 03/23/2020 12/31/2020

Service Provider

Provider ID: 007835
Provider NPI:

Provider Name: NEMT TEST
Provider Type: 28 NON-EMERGENCY TRANSPORTATION PROVIDERS

Recipient

AHCCCS ID: A11671912
Name: AHCCCS, APACHE

Date of Birth: 03/05/1998
Gender: MALE

Status

Event List

Total events found: 3

Partial text for new unread notes will appear as a blue link.
Click the link for each Event shown in the Unread section to view the full text of important information about your authorization.
Click on the button in the Read section to review any previously read notes.

Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDED	OT	03/23/2020	03/23/2020		NON-ER TRANSPORT	PH009-PA REVIEW REQUIRED	R68.89		
Unread notes for Seq=01										
No unread notes for this event										
Read notes for Seq=01										
02	P-PENDED	OT	03/26/2020	03/26/2020		NON-ER TRANSPORT	PH009-PA REVIEW REQUIRED	R68.89		
Unread notes for Seq=02										
No unread notes for this event										
Read notes for Seq=02										
03	P-PENDED	OT	04/01/2020	04/01/2020			PH009-PA REVIEW REQUIRED	R68.89		

- After clicking on “Case No” you will see a list of sequence numbers
- Click on “Seq No” to see the “Activity List”



DFSM Provider Education and Training Unit

Education and Training Questions?

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

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

Additionally, the DFSM education and training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

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

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

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

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

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

Education and Training Questions?

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

Thank You.