DFSM Prior Authorization and Claim Submission Training for Provider Type TS

Medicaid Non-Emergency Medical Transportation Lodging and Meals Services

DFSM Provider Training Team
July 2023

Medicaid Non-Emergency Travel Provider

Provider Type - TS (Travel Services)

Claim and prior authorization requests will be submitted using the AHCCCS assigned 6-digit provider identification number.

AHCCCS Online Provider Portal

Main | FAQ | Terms Of Use | LogOut

Menu

- AIMH Services Program
- Claim Status
- Claim Submission
- Electronic Fund Transfer (EFT) Enrollment
- Member Verification
- Member Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

Available Resources and Tools:

- Claim Status
- Claim Submission
- Member Verification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification

https://azwebtst.statemedicaid.us/Default.aspx

Member Verification Tab

Member Verification

Using the member verification tool allows AHCCCS providers to verify eligibility and enrollment status. AHCCCS providers can view:

- Third Party Liability
- Copayments (may apply to MCO programs only),
- Medicare Coverage,
- Behavioral Health Services,
- Special Program enrollment and,
- Additional Benefits information.

Requested Data:

AHCCCS ID:	**Last Name:**
DOB:	**First Name:**
Begin Date of Service: 01/01/2023	**SSN:**
End Date of Service: 02/27/2023	**Medicare Claim Number** **OR** **Medicare Beneficiary ID:**

Returned Data:

AHCCCS ID:	**Last Name:**
DOB:	**First Name:**
DOD:	**SSN:**
Gender: F	**Medicare Beneficiary ID:**

Demographics

Mailing Address 1	Mailing Address 2	City	State	Zip

Eligibility Renewal Date

Eligibility Renewal Date:	09/30/2023

Eligibility

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	11/01/2015		

Medical Enrollment

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	11/01/2015		3517 - ADULT 40-100% FEMALE 21-44 NO MDC	E ACC/FFS	MC MEDICAID

⊞ Service Type Codes

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Arizona Health Care Cost Containment System

Prior Authorization Submission Tab

Prior Authorization Submission and Status

- **PA Submission and Status**

- **PA Attachment tool**

- **Comments Section**

There are *three* Steps to Create a Prior Authorization Case:

- **PA Case Creation**

- **Event Type**

- **Activity Type**

Claim Status and Submission Tab

Claim Status and Submission Tab

Claim Submission

- All approved travel, meals and lodging services are submitted to AHCCCS FFS using the CMS 1500 (Professional) claim form or the electronic equivalent 837P.

Provider Verification Tab

Provider Verification Tab

Provider Addresses:

- Correspondence,
- Pay to location,
- Service location
- Category of services
- Group Billing Affiliations

Billing and Prior Authorization Service Codes

Claim Submission and Reimbursement

Form Type: CMS 1500 (professional)

Dates of Service

HCPCS/ Billing Codes

Total Number of Units

Total Charge Amount per Line of Service

ICD-10 Diagnosis Code

- It is not required to enter the specific diagnosis code for travel and lodging requests. The ICD 10 diagnosis code **R68.89** is a general DX code that is allowed for use for travel service requests.

Non-Emergency Transportation Travel Codes/Descriptions

HCPCS	Description	Daily Units
A0180	Ancillary: Lodging Recipient	1
A0190	Ancillary: Meals Recipient	3
A0200	Ancillary: Lodging Escort (must be prior authorized)	1
A0210	Ancillary: Meals Escort (must be prior authorized)	3
A0140	Non-Emergency Transportation and Air Travel	2
A0130	Non-Family Escort Fee	1
S9976	Administrative fee	2

Lodging Member A0180 and Meals Member A0190

Example	For each night of the approved stay:	Billing Units
Member is traveling without an escort from 2/3/2023 - 2/5/2023.	Lodging: ● Bill lodging under A0180. Meals: ● Bill meals under A0190.	A0180 – 2 units A0190 – 2 units

Lodging Escort A0200 and Meals Escort A0210

Example	For each night of the stay	Billing Units
Member is traveling with an escort from 2/3/2023 - 2/5/2023.	Lodging: • Bill lodging for the escort under A0200. Meals: • Bill meals for the escort under A0210.	A0200 – 2 units A0210 – 2 units

Code used when Member inpatient and escort required to be lodged, can't be at bedside. Otherwise, Escort/Member entered under A0180

Non-Family Member Escort Fee A0130

Example	For each night of the approved stay	Billing Units
Member is traveling with a Non-Family member escort from 2/3/2023 - 2/5/2023.	Bill lodging under A0130.	A0130 – 1 unit

Non-Emergency Transportation And Air Travel A0140

Example	Air Travel	Billing Units
Member is traveling 2/3/2023 - 2/5/2023.	Bill air travel under A0140.	A0140 – 1 unit A0140 – 2 units

Note: Provider will need the full price of tickets/unit price.

Administrative Fee
Coordinating Travel Services S9976

- Initial Authorization *(specific rate)*
- Continued Authorization *(specific rate)*

Additional Billing Information

- Place of Service code - 99 "other unlisted facility".
- Providers are not required to enter the PA / Case number on the claim submission.
- The AHCCCS processing system will identify the appropriate PA / Case Number based on the claim details (member ID, provider ID, dates of service, billing codes and units).

AHCCCS Online Provider Portal

AHCCCS Online Provider Portal Training

To get started navigate to the AHCCCS Provider Portal.
https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f

Utilize the Sign In option.

Username: All users must have a valid account.

Password: Use the password that was used to set up your individual account. Do not share passwords.

AHCCCS Online Provider Portal
Prior Authorization Submission Training

On this page providers can select from the available options listed under the Menu tab.

Menu

- AIMH Services Program
- Claim Status
- Claim Submission
- Electronic Fund Transfer (EFT) Enrollment
- Member Verification
- Member Supplemental Data
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program

- Prior Authorization Inquiry
- Prior Authorization Submission
- Claim Status
- Claim Submission
- *More.*

Getting started: On the Menu tab, select the Prior Authorization Submission, and the PA submission tab at the bottom of the page.

- **The PA Recipient/Case Search page will appear. Complete all fields and select the Search tab.**
- **This step is required to determine if an existing PA is already on file for the date span.**
- **If no PA is found, then this step will prompt the app to go to the next step in the process; and that will be to enter a new prior authorization request.**

PA Recipient/Case Search

Search System:*	ACUTE ▾
Search By:*	AHCCCS ID ▾
AHCCCS ID:*	A12345678	(Ex. A12345678)
Service Provider ID:*	--- SELECT--- ▾
Begin Date Of Service:	03/01/2023	(Format: MM/DD/YYYY)
End Date Of Service:	03/15/2023	(Format: MM/DD/YYYY)

Search   Clear

No Records Found!
- **Click the "Add New Case" button to add the new case information.**

Other Actions!
- **Click Case number to view all events in the case.**
- **Click Update link to update the case.**

Case List

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 G update approved PA cases.

Service provider		
Provider ID: **123456**	Provider Name: **Training**	NPI:

Search Dates	
Begin Date: 03/01/2023	End Date: 03/15/2023

Case List

No Records Found.

Add New Case

The Verify Information page will appear at the end of each step.

- **Submit Button: If the information entered is correct, click the "Submit" button to go to the next step.**
- **Edit Button: If a correction is required, click the "Edit" button, m*ake the correction, then select the "*Update Button*" to accept the changes.***

Add New Case   PA Case Search | Case List |

	Service provider	
Provider ID:	Provider Name:	NPI:

Verify Case Information

AHCCCS ID:	A12345678
Provider ID:	123456
Service Provider NPI:	
Provider Contact Name:	
Contact Phone Number:	
Effective Begin Date:	03/01/2023
Effective End Date:	12/31/2023
Description:	lodging services

Submit   Edit

A new PA case has now been created and will show under the Case No field. The next step in the process is to enter the Event List information. Click on the case number to go to the Event List page.

Case List

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 Grou update approved PA cases.

Service provider

| **Provider ID:** | | **Provider Name:** | TEST | **NPI:** |

Search Dates

Begin Date: 03/01/2023   **End Date:** 03/15/2023

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
0000865082	A12345678	03/01/2023	12/01/2023	PENDED	PRIOR AUTHORIZATION	LODGING SERVICES	Update

Add New Case

Step 2 Add New Event.

No Records Found!

- **Click the "Add New Event" button to add the Event information.**

Event List

Service Provider		
Provider ID:	Provider Name:	NPI:

Recipient			
AHCCCS ID:	Name:	DOB:	Gender:

Case Detail
Case Number: 000012345   Begin Date: 03/01/2023   End Date: 12/31/2023   Status: PENDED

Event List

No Records Found

Add New Event

Additional actions that can be initiated on the Event tab

Other Actions!

- ○ Click the sequence number to view all activities in the event.
- ○ Click the "Update" link to update the event.

- ○ Click the "Add Event" button to create a new event.
- ○ Click the "attachments" link to upload or view a document associated to a specific event.
- ○ Note: Approved events cannot be updated online. If an update or correction is required, providers must submit the Prior Authorization Correction Request Form.

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Enter Event Information!

- **Event Type: select the option "Other Transport".**
- **Enter the Begin and End Dates for the PA request.**
- **Enter the Diagnosis code.**
- **Complete the Description field.**
- **Select the "Next" button.**

Enter Event Information

Case No:*	000865082
Event Type:*	OTHER TRANSPORT
Recipient AHCCCS ID:*	auto populates
Provider Contact Name:*	auto polulates
Contact Phone Number:*	auto polulates
Requested Begin Date:*	03/01/2023
Requested End Date:*	03/15/2023
Admit Date:	
Discharge Date:	
Diagnosis Code:*	R68 . 89
Description:	Travel / lodging

Next   Clear

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The Verify Event Information page will appear at the end of each step.

- **Submit Button: If the information entered is correct, click the "Submit" button to go to the next step.**
- **Edit Button: If a correction is required, click the "Edit" button, m*ake the correction, then select the "*Update Button" *to accept the changes.***

Verify Event Information

Case No:	000865082
Event Type:	OT(OTHER TRANSPORT)
Recipient AHCCCS ID:	
Provider Contact Name:	
Contact Phone Number:	
Requested Begin Date:	03/01/2023
Requested End Date:	03/15/2023
Admit Date:	
Discharge Date:	
Diagnosis Code:	R68.89
Description:	Travel / lodging

Submit   Edit

On the Event List page, click on the desired "Sequence" number to go to step #3 which is the last step in the PA submission process, completing the "Activity List" tab.

Event 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:** | TEST | | **NPI:** | |

Recipient

| **AHCCCS ID:** | | **Name:** | | **DOB:** | | **Gender:** | |

Case Detail

| **Case No:** 000865082 | | **Begin Date:** 03/01/2023 | | **End Date:** 12/31/2023 | | **Status:** PENDED |

Event List

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	03/01/2023	03/15/2023		PENDED	PH009	R68.89	Update	Attachments
	Unread notes for Seq=01								
	No unread notes for this event								
	⊞ **Read notes for Seq=01**								

Add New Event

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Step 3 Add New Activity.

No Records Found!
- **Click the "Add New Activity" button to add the new activity information**.

Activity List

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activit

Service provider			
Provider ID:	Provider Name:	TEST	NPI:

Recipient			
AHCCCS ID:	Name:	DOB: 08/13/1965	Gender:

Case Detail			
Case No: 000865082	Begin Date: 03/01/2023	End Date: 12/31/2023	Status: PENDED

Event Detail			
Sequence No: 01	Srv Begin Date: 03/01/2023	Srv End Date: 03/15/2023	Status: PENDED

Activity List

No Records Found.

Add New Activity

Enter Activity Information!

- **Activity Type: select the option "HCPCS".**
- **Activity Code: enter the HCPCS code.**
- **Allowed Units: enter the number of units.**
- **The "Note" field is *optional.***
- **Select the "Next" button.**

Enter Activity Information

Case Number:*	000865082
Provider Contact Name:*	
Contact Phone Number:*	
Sequence Number:*	01
Activity Type:*	HCPCS
Activity Code:*	A0180
Modifier:	
Allowed Units:*	2
Note:	

Next   Clear

The Verify Activity Information!

- **Submit Button: If the information entered is correct, click "Submit".**
- **If you need to add another Activity (HCPCS) to the same event, after selecting "Submit"click on the Add New Activity button. A blank activity page will appear which will allow you to enter additional HCPCS code(s).**
- **Edit Button: If a correction is required, click the "Edit" button, m*ake the correction, then select the "*Update Button" *to accept the changes.***

Verify Activity Information

Case Number: 000865082

Provider Contact Name:

Contact Phone Number:

Sequence Number: 01

Activity Type: H (HCPCS)

Activity Code: A0180

Modifier:

Allowed Units: 2

Note:

Submit   Edit

The Online portal will list each activity line entered by CPT/HCPCS code, units and status.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
				Activity List					
				Transaction Succeeded.					
01	HCPCS	A0180		2.000	0.000	PENDED	PH009	0.0000	Update
02	HCPCS	A0190		2.000	0.000	PENDED	PH009	0.0000	Update

Add New Activity

Once you have completed entering all procedure codes for the prior authorization request for the date of service you are done.

AHCCCS Online Provider Portal Claim Submission Training

To begin, select the Claim Submission Tab. Select type of claim Professional and click the "Go" button.

Claim Submission

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

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

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: :

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

Enter New Claim

Type of Claim: Professional ▼   Go...

View Claim Processing Status

Submission Date(s): ____ - ____   Go...

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The submitter tab is used to verify your provider informational only and no action is required. Click on the **Providers** tab to open the dropdown menu to begin entering the billing and rendering provider information.

Professional Claim Submission

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

Submitter		
Organization Name:	TEST	
Electronic Transmitter ID Number:		
Information Contact Name:		
Information Contact Telephone Number:		

Save   Submit   Cancel

After selecting the Providers tab a dropdown toolbar will appear. Select the **Billing Provider** tab and complete the fields with the red asterisk (tax id, commercial number, entity type and pay-to location.

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Billing Provider

* Tax ID:	123456789 ○ SSN ● EIN
Provider Commercial Number:	123456
* CMMS National Provider ID (NPI):	[ ] Find
* Entity Type:	○ Person ● Non-Person Entity
Health Care Provider Taxonomy Code:	[ ]
Provider Name:	
Information Contact Name:	
Information Contact Telephone Number:	
Service Locator Code/Address:	
* Pay-To Locator Code/Address:	

Save   Submit   Cancel

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Next, select the **Rendering Provider** tab and complete the fields with the red asterisk (tax id, commercial number, entity type).

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

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Rendering Provider

Provider Commercial Number: 123456
* **CMMS National Provider ID (NPI):** [   ] Find
* **Entity Type:** ○ Person ● Non-Person Entity
Provider Name:
** **Service Locator Code/Address:**
Performing Health Care Provider Taxonomy Code: [   ]
** Required ONLY when Billin different, or Billing provid

Save   Submit   Cancel

Next select the **Patient/Subscriber** tab. Enter the member ID number and date of birth and click the **Find** button. **Payer Responsibility** field, from the dropdown option, select the primary insurance payer.

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

Insured or Subscriber

* Member ID Number/Date of Birth: A12345678 | 01/01/2099 | Find

Person Name:

Gender:

Residential Address:

* Payer Responsibility: [▾]

NOTE: AHCC

Save   Submit   Cancel

Completing the Claims Information Tab

- Patient Control Number - account number created by the provider for internal tracking purposes.
- Provider Signature on File- Yes
- Provider Accept Assignment - Click yes, if you are accepting payment from AHCCCS.
- Benefits Assignment - Click yes, if member has indicated that payment should go directly to the provider.
- Release of Information Consent- A signed statement by the patient authorizing the release of medical data to other organizations.

Completing the Service Lines Tab

- Select - ICD10, this will prompt the system to read a valid ICD-10 diagnosis code.
- Diagnosis Codes - enter R6889 in the first box (omit the decimal point).
- Diagnosis Code Pointer - check box 1.
- Enter the service date span.
- Enter the total charge amount in the Line Charges field for the first line of service entered.
- Enter the total quantity for the HCPCS code entered.
- Enter the HCPCS code.
- Place of Service code field, select POS 99 from the drop-down menu.
- Click the "Add" button to accept the entry.

Diagnosis or Nature of Illness or Injury (Relate Items 1 – 12 by line to the Diagnosis Code Pointe

* Standard: ○ ICD-9 ● ICD-10

* Diagnosis Codes: 1 [R6889] 2 [ ] 3 [ ] 4 [ ]

7 [ ] 8 [ ] 9 [ ] 10 [ ]

Service Line

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

* Service Dates: [03/01/2023] - [03/15/2023]

* Line Charges: $ [100.00]

* Place of Service Code (POS): [99 - OTHER UNLISTED FACILITY]

* Quantity: [2] ○ Minutes ● Units

Modifier Codes: 1 [ ] 2 [ ] 3 [ ] 4 [ ]

* HCPCS Code: [A0180]

Prescription Date: [ ]

National Drug Code: [ ]

**Prescription #/Identifier: [ ] [ ]

**NDC Quantity/Measure: [ ] [▼]

Taxonomy Code: [ ] (Performing HC Provider)

Immunization Batch Number: [ ]

Patient Count: [ ]

Indicators: Emergency ☐ EPSDT ☐

Provider Control Number: [ ]

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

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

Other Adjustment(s): Medicare Deductible $ [ ] Medicare Coinsurance $ [ ] Medicare Copay $ [ ]

**Durable Medical Equipment: HCPCS [ ] Purchase Price $ [ ] Rental Price $ [ ] [▼] Length of Medical Necess

**Ordering Physician: Plan ID [ ] Last Name [ ] First Name [ ] City [ ]

[Add]

A summary of the information entered will present at the bottom of the page. Click on the **"Add"** button to enter additional service lines.

	Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./ Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount
X /	1	2/1/2023	2/15/2023	99	A0180						0	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	100.00		0		
																							Totals:		$100.00	$0.00			$0.00

Service Line

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

* **Service Dates:** `02/01/2023` - `02/5/2023`

* **Line Charges:** $ `100.00`   * **Place of Service Code (POS):** `99 - OTHER UNLISTED FACILITY` ▼

* **Quantity:** `2` ○ Minutes ● Units   **Modifier Codes:** 1 `____` 2 `____` 3 `____` 4 `____`

* **HCPCS Code:** `A0190`   **Prescription Date:** `____`

National Drug Code: `____`   ****Prescription #/Identifier:** `____` `____` ▼

NDC Quantity/Measure: `____` `____` ▼   **Taxonomy Code: `____` (Performing HC Provider)

Immunization Batch Number: `____`   **Patient Count:** `____`

Indicators: Emergency ☐ EPSDT ☐

Provider Control Number: `____`

**Other Payer: Primary ID `____` Paid Amount $ `____` Units `____` Procedure Code/Qualifier `____` ▼

**Medicare: Paid Amount $ `____` Units `____` Procedure Code/Qualifier `____` ▼

Other Adjustment(s): Medicare Deductible $ `____` Medicare Coinsurance $ `____` Medicare Copay $ `____`

**Durable Medical Equipment: HCPCS `____` Purchase Price $ `____` Rental Price $ `____` ▼ Length of Medical Necessity `____` (Days)

**Ordering Physician: Plan ID `____` Last Name `____` First Name `____` City `____`

[Add]

** All or none of the information is required for th

AHCCCS
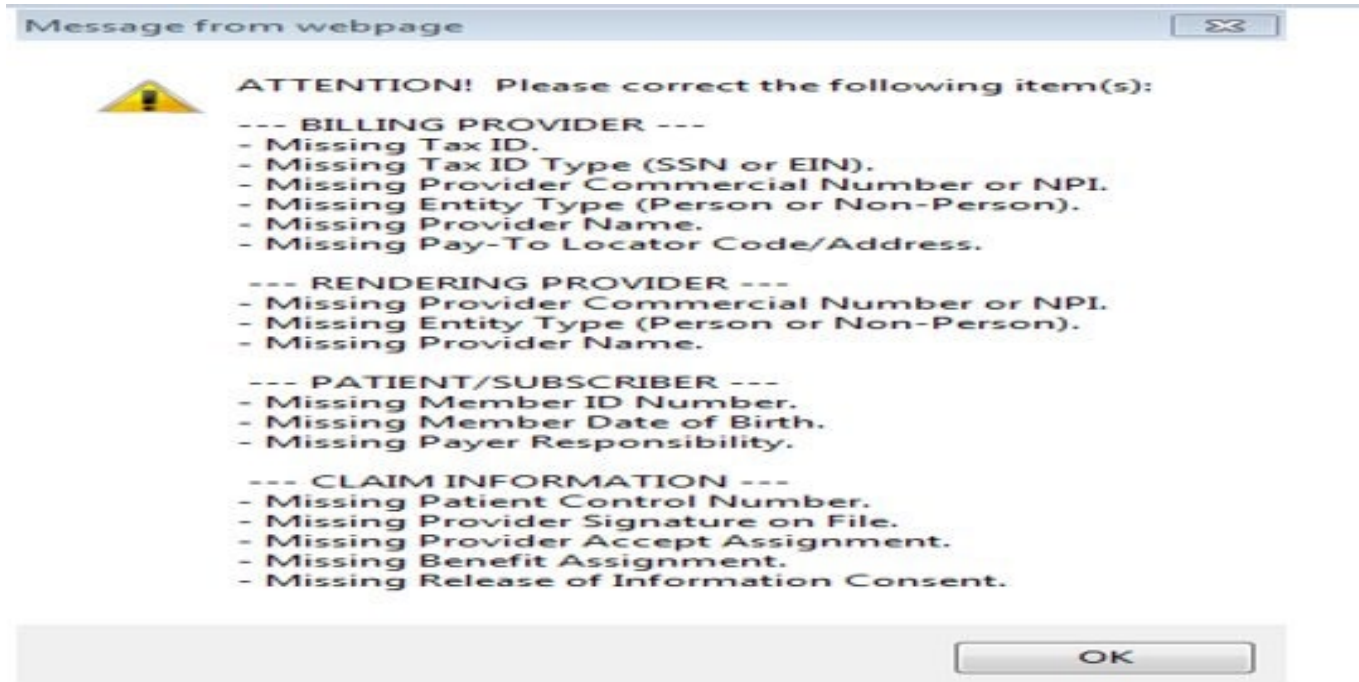Arizona Health Care Cost Containment System

After entering all service lines, click the **"Submit"** button to finalize the claim. Notes: The **"Pencil"** icon is the edit button. The **"X"** icon will cancel the individual line number. If you want to remove/delete the entire claim, click the **"Cancel"** button.

	Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./ Units	Type	Line Charges	Medicare Paid Units Amount	Proc Code	Medicare Deductible Amount
X ✏	1	2/1/2023	2/15/2023	99	A0180						0	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	100.00		0	
X ✏	2	2/1/2023	2/5/2023	99	A0190						0	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	100.00		0	
																									Totals:	$200.00	$0.00		$0.00

Save   Submit   Cancel

If required fields have not been completed, the system will identify each missing field. Click the "Ok" button and go back to the field to enter the missing information.

Message from webpage

ATTENTION! Please correct the following item(s):

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

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

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

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

OK

The Claim Entry Confirmation page will appear. The View Claim button will display the details of the claim that was just submitted.

Claim Entry Confirmation

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

Attachments

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

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

View Claim   Enter New Claim

Division of Fee-for-Service Management (DFSM) Provider Education and Training Unit

DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers with the following:

- AHCCCS Online Provider Portal Training:
  - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

For training requests please contact the DFSM Provider Training Team at
ProviderTrainingFFS@azahcccs.gov

DFSM Provider Education and Training

Note: The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc., should be directed to your organization's coder/biller for guidance.

Note: Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

Who to contact?

- Questions on AHCCCS Fee-for-Service rates email **FFSRates@azahcccs.gov**
- Questions on AHCCCS Coding email: **CodingPolicyQuestions@azahcccs.gov**

Need Help!

If you need assistance with the following:

Questions about warrants, paper EOBs, or EFTs please contact the Division of Business & Finance (DBF) at **ahcccswarrantinquiries@azahcccs.gov** or call **(602) 417-5500. Hours: 10:00 AM – 4:00 PM Arizona Time.**

To check the status of your EFT, please email the Division of Business & Finance (DBF) at **ahcccsfinanceeft@azahcccs.gov**

Questions related to electronic transactions or to request an ERA transaction setup email **servicedesk@azahcccs.gov** or contact **(602) 417-4451. Hours: 7:00 AM – 5:00 PM Arizona Time.**

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions. To reach **Provider Services call (602) 417-7670.**

Provider Services Call Center Operation Hours: **Monday-Friday from 7:30 A.M. - 5:00 P.M.**

Providers should not call the Provider Services 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. Providers should refer to the AHCCCS Website Plans/Providers for more information.

Questions?

Thank You.