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

DFSM Provider Training Team

July 2023

AHCCCS
Arizona Health Care Cost Containment System

About this Course

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

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

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

AHCCCS Online Provider Portal

The AHCCCS Online Provider Portal can be used for:

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

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

AHCCCS Online Provider Portal

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

Providers must have a valid Username and Password to use the portal.

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

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

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

Master Account Holder

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

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

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

There can be multiple master account holders.

Master Account Holder

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

1. AHCCCS sends the master account holder a temporary password.
2. The master account holder logs into the AHCCCS Online Provider Portal with that temporary password, and they change it to a new password.
3. After the master account holder is set up, other employees and agents of the newly registered provider (such as a biller) may then register for an account on AHCCCS Online.
4. At that point***, it will be the master account holder's responsibility to change that user's account settings to ensure they have been granted the appropriate access*** to the subsystems that are directly related to that user's specific employment related duties.

Master Account Holder

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

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

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

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

Dental (ADA 2012) Claim Forms

AHCCCS
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General Billing Information

- **Claim Form:** ADA 2012 Claim Form (Dental)
- **Diagnosis Code:** ICD-10
- **CDT Codes:** Enter the appropriate procedure code from the CDT-4 Manual.
- For detailed, step-by-step instructions on how to fill out the paper ADA 2012 Claim Form please visit Chapter ,7 of the FFS Provider Billing Manual at:
  - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap07.pdf

The AHCCCS Online Provider Portal

How to Submit Claims

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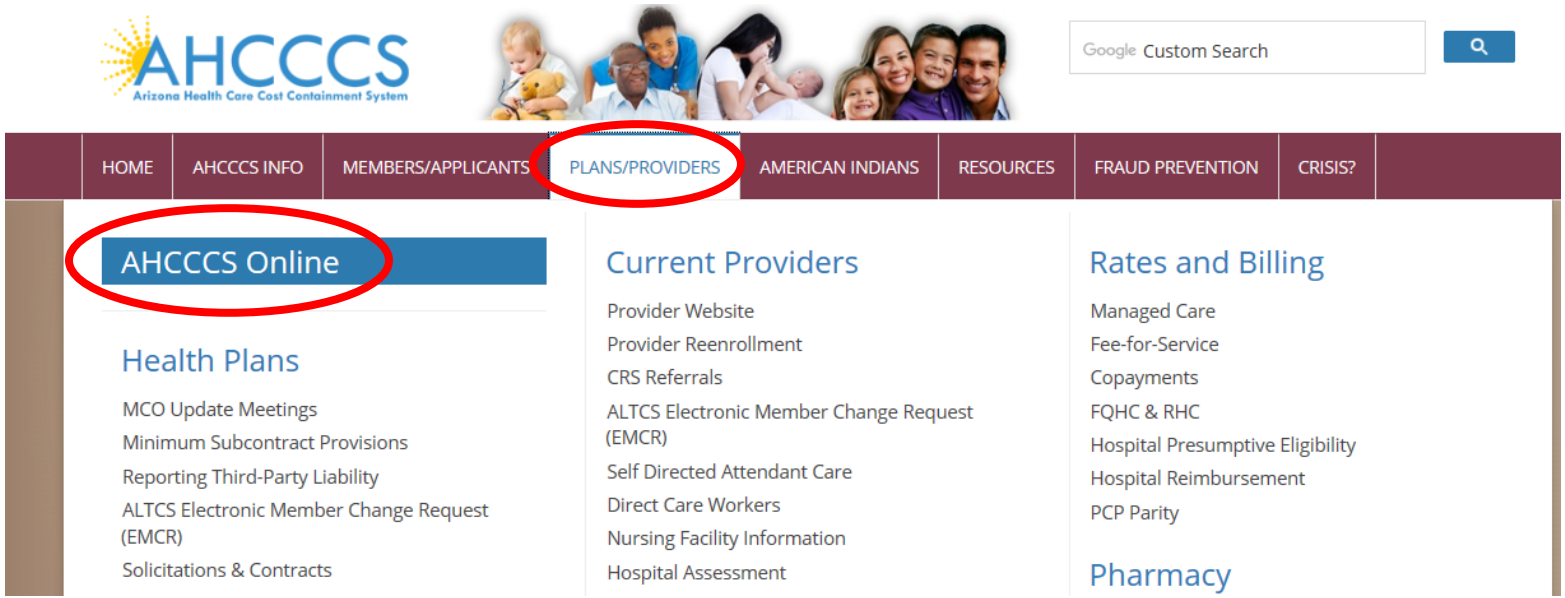
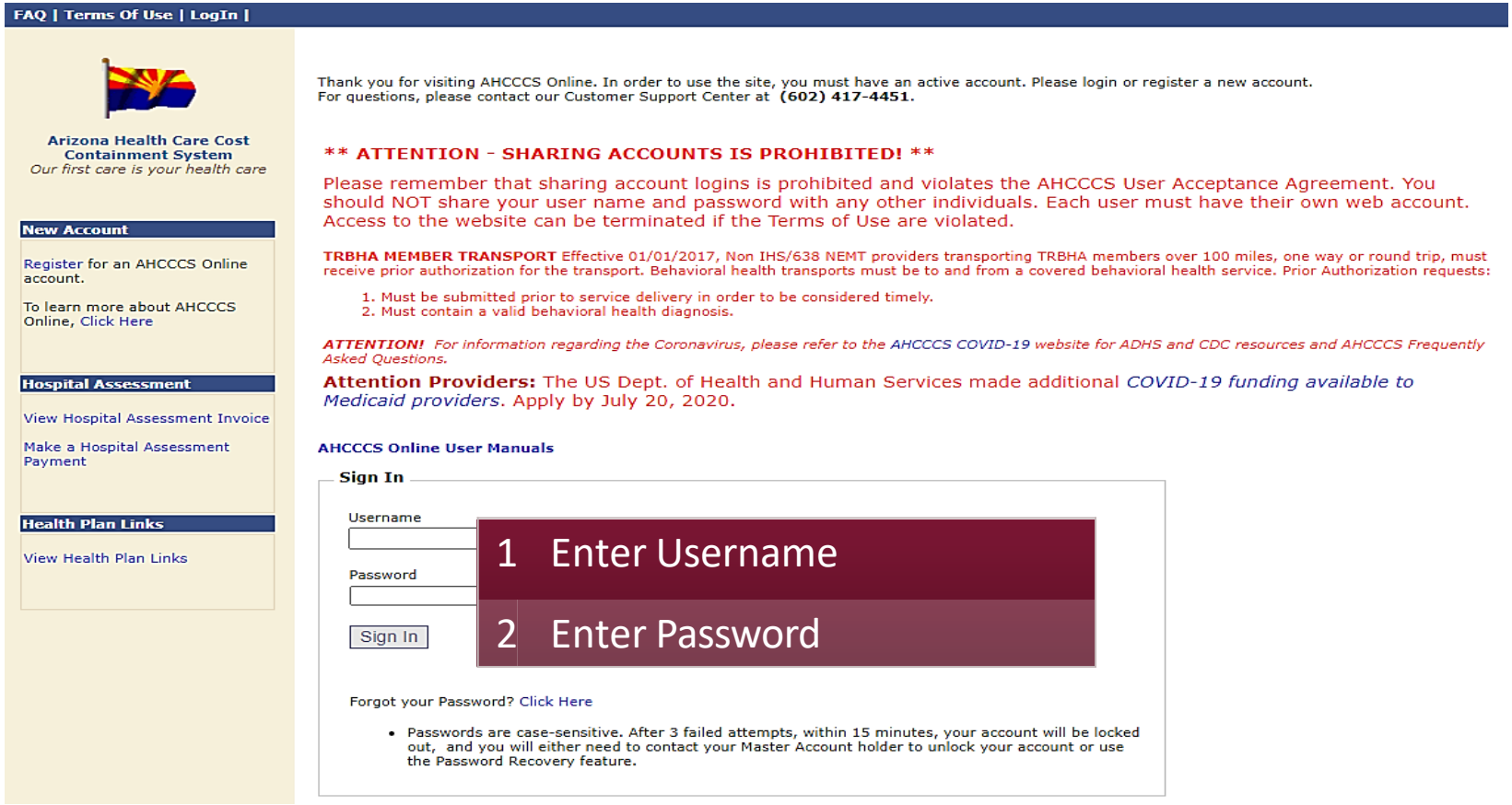
AHCCCS Online

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.

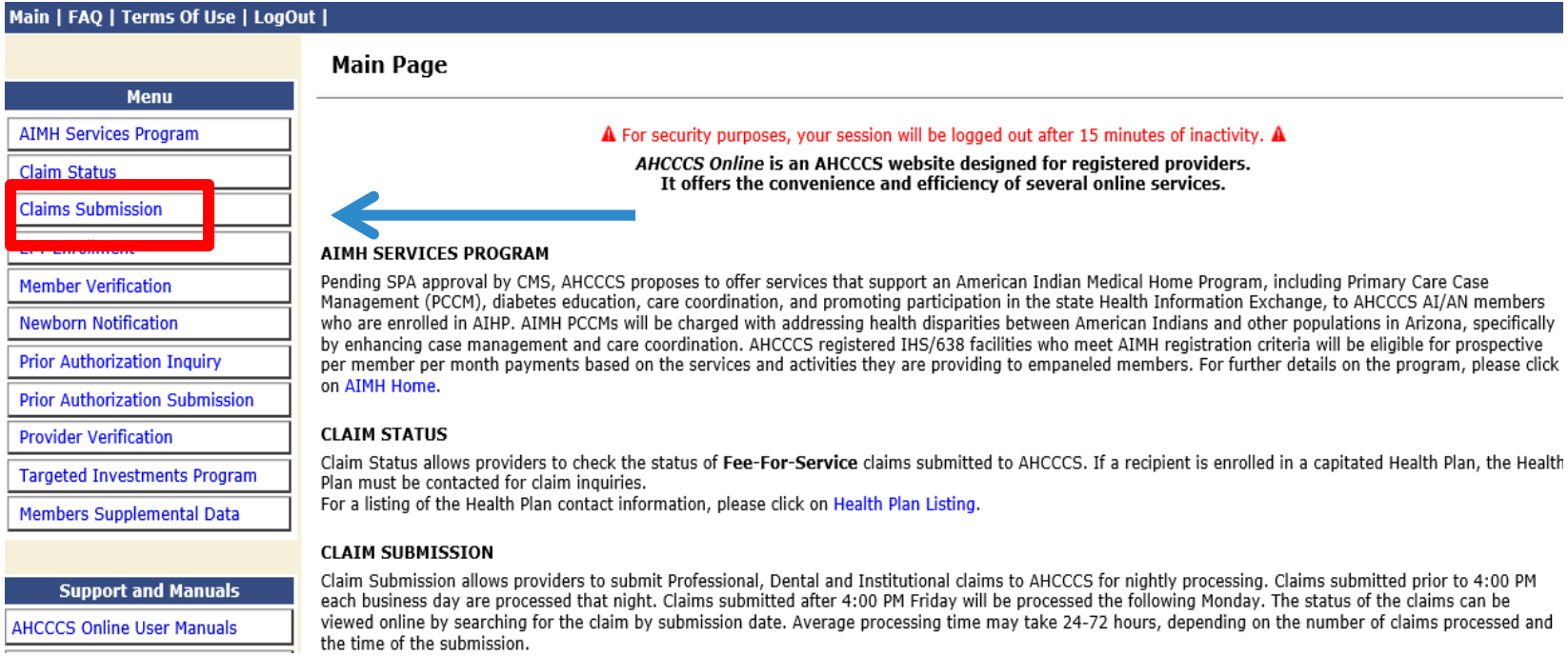


AHCCCS Online



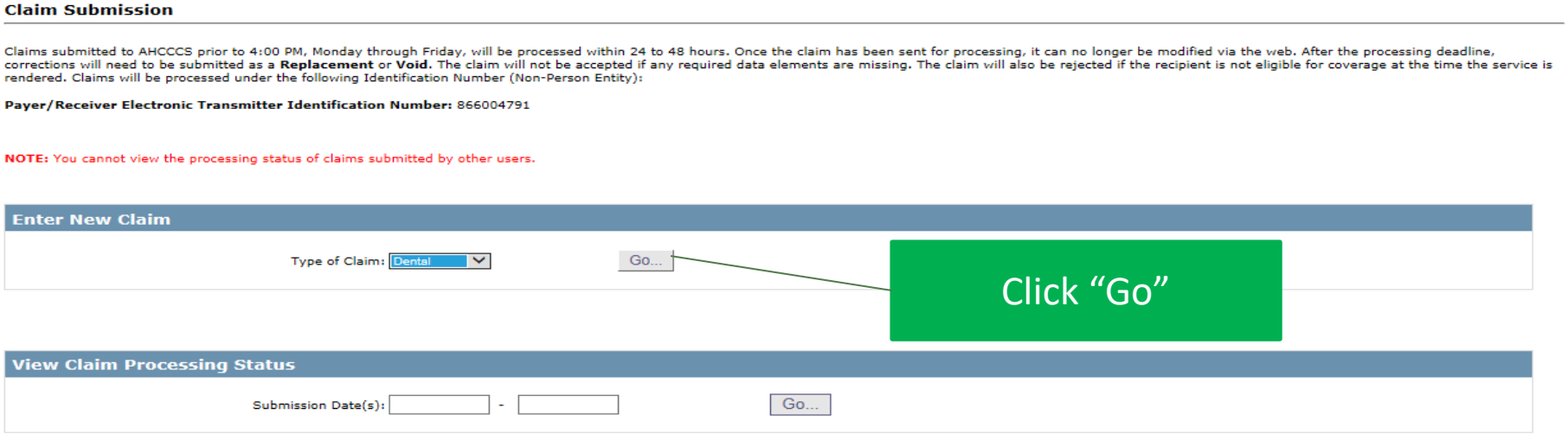
Main Page

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



Claim Submission Screen

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



Submitter Tab

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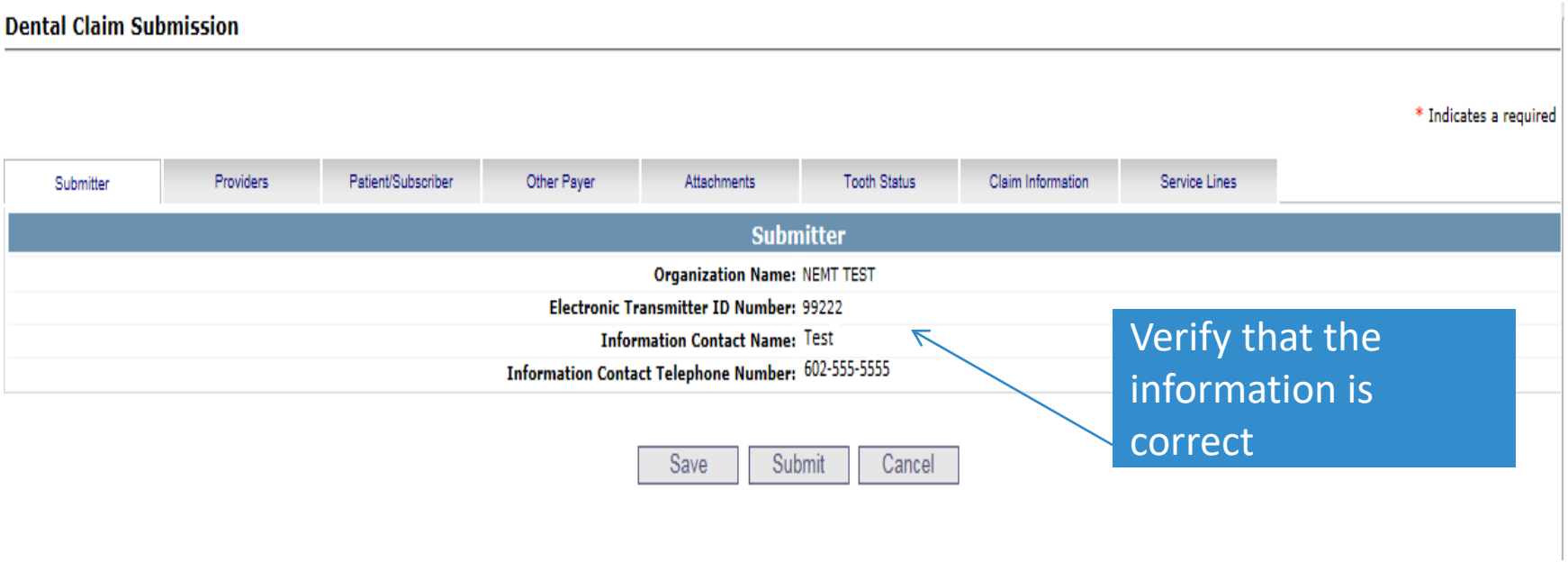
Submitter Screen

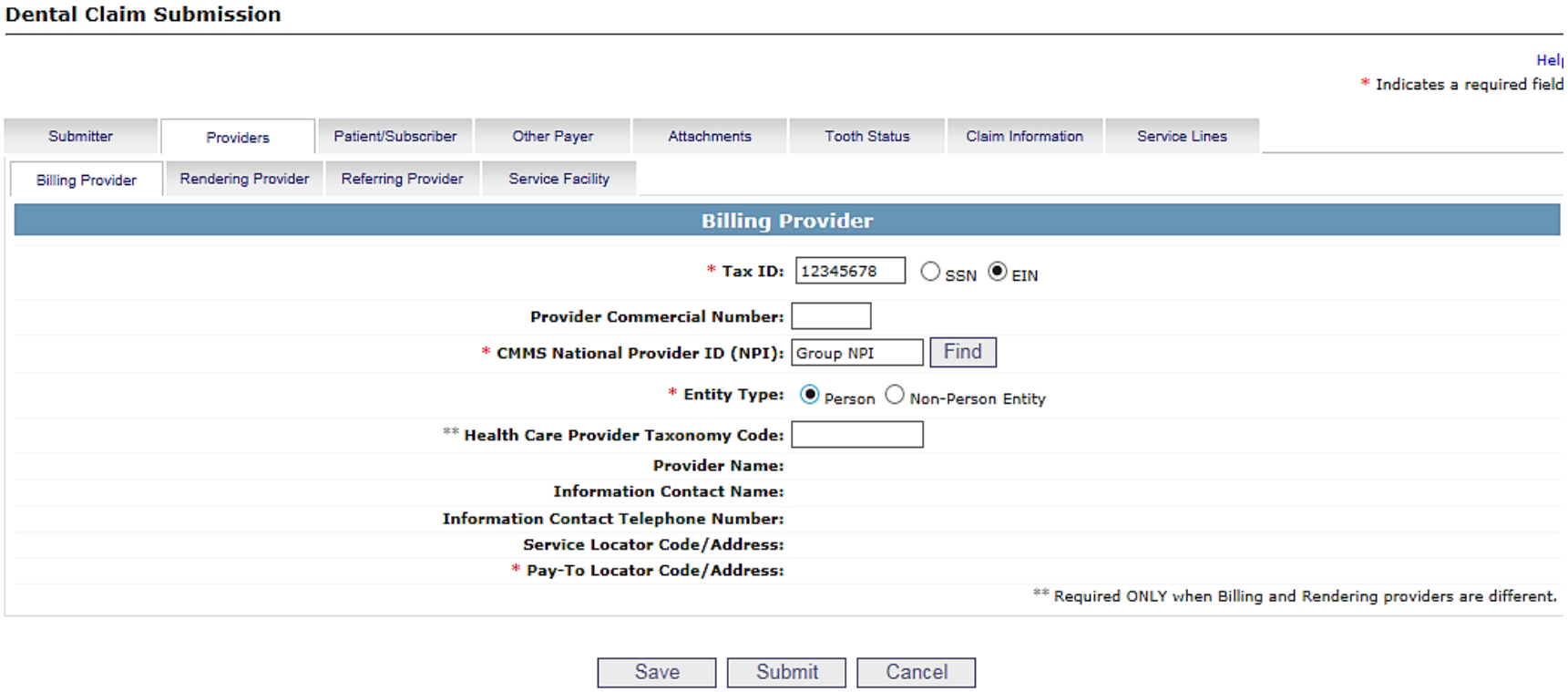


Billing Provider Tab

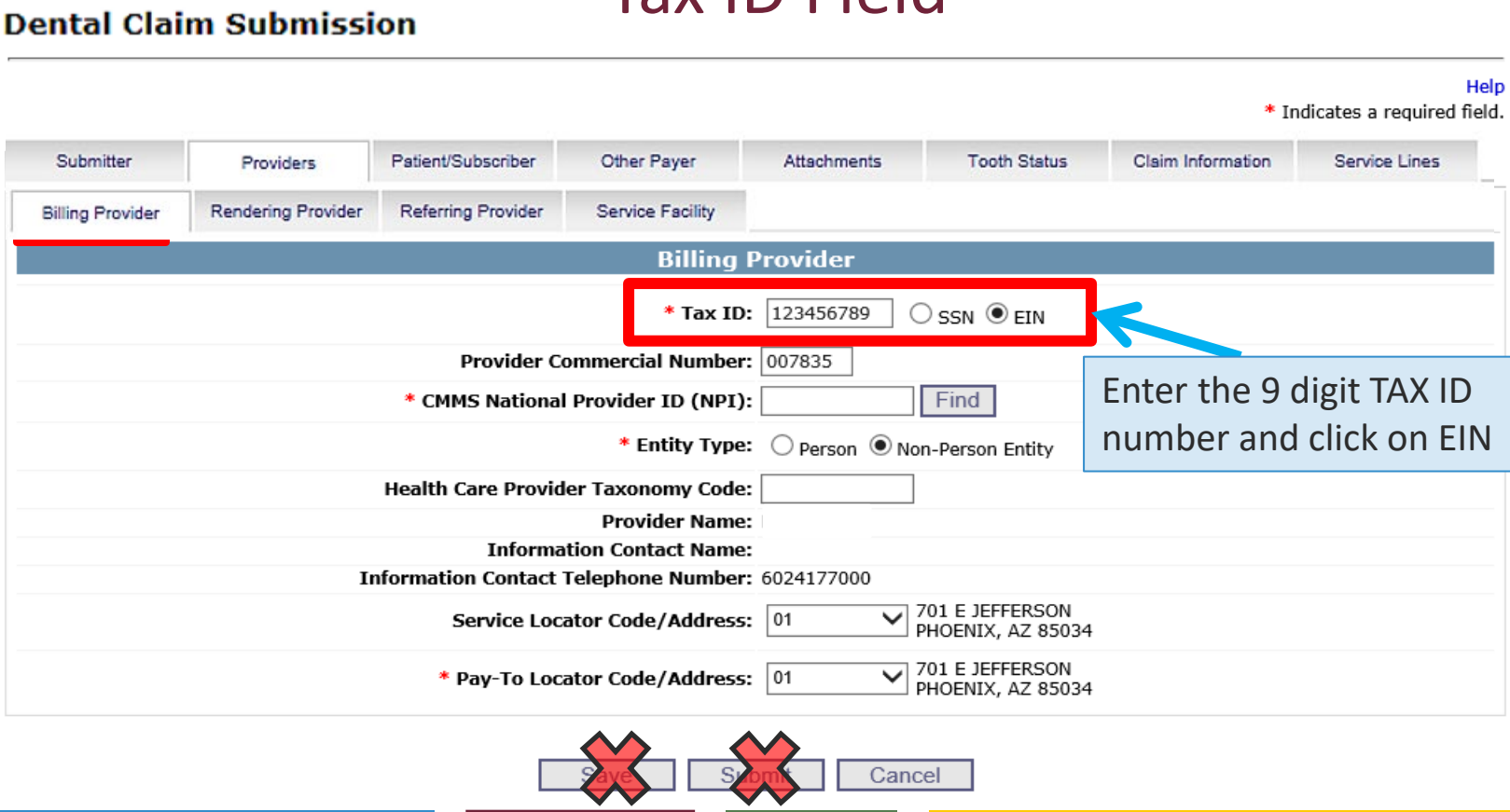
Billing Provider Tab

- This is where you will enter the provider or group billing information.
  - In the Tax ID field enter the Billing Provider's Tax ID, if a group is billing enter the Group Biller Tax ID number.
- **Providers with a valid NPI**, will leave the provider commercial number field blank. They will then enter the 10-digit NPI in the **CMMS National Provider ID field** and click find.
- **Providers who do not have a valid NPI** will use the 6 digit AHCCCS Provider ID in the **Provider Commercial Number field**.

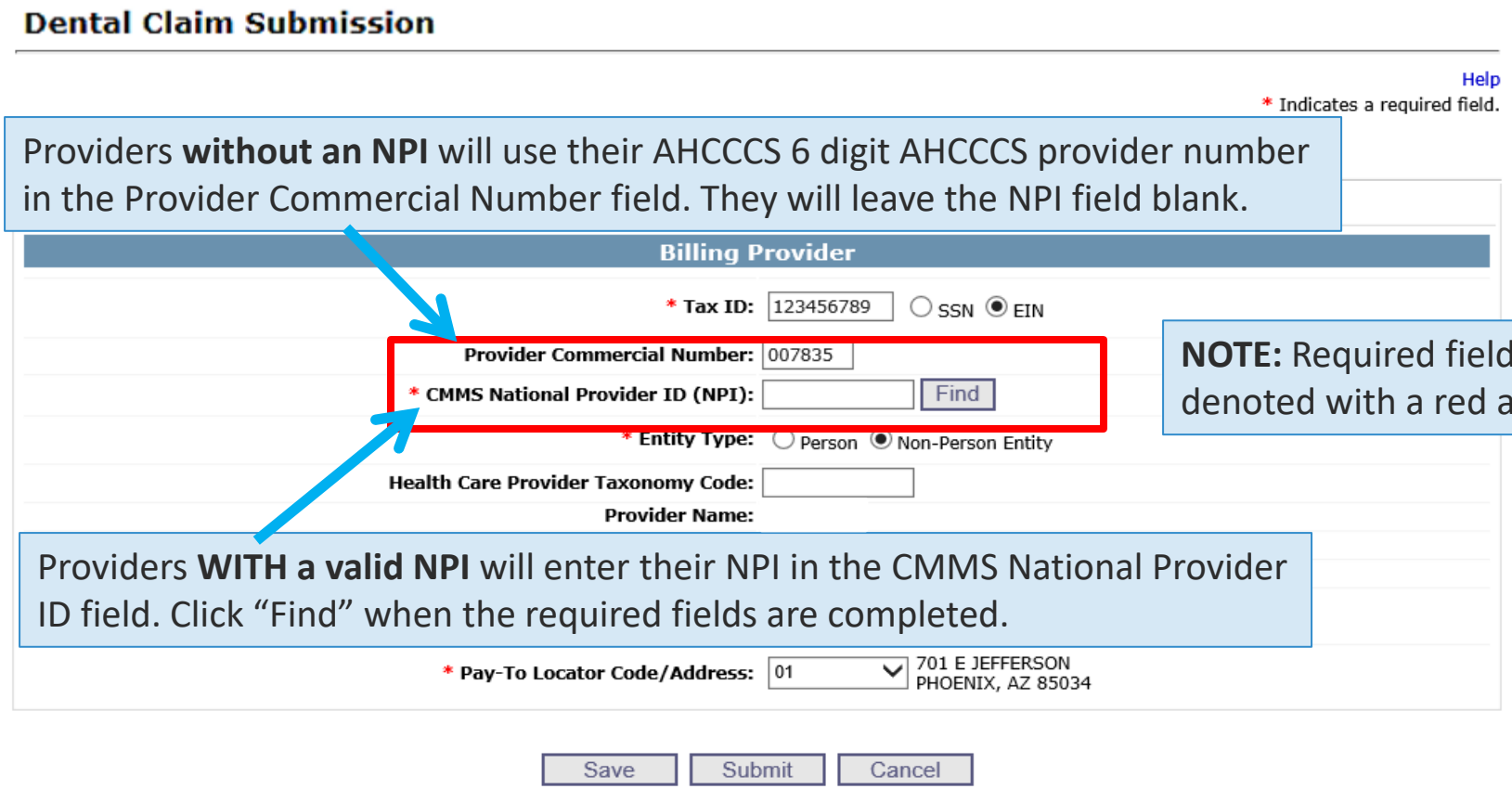
Billing Provider Tab



Tax ID Field


Dental Claim Submission
Help
* Indicates a required field.
Submitter
Providers
Patient/Subscriber
Other Payer
Attachments
Tooth Status
Claim Information
Service Lines
Billing Provider
Rendering Provider
Referring Provider
Service Facility
Billing Provider
* Tax ID: 123456789 SSN EIN
Provider Commercial Number: 007835
* CMMS National Provider ID (NPI):
Find
* Entity Type: Person Non-Person Entity
Health Care Provider Taxonomy Code:
Provider Name:
Information Contact Name:
Information Contact Telephone Number: 6024177000
Service Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034
* Pay-To Locator Code/Address: 01 701 E JEFFERSON PHOENIX, AZ 85034
Save
Submit
Cancel
Enter the 9 digit TAX ID number and click on EIN

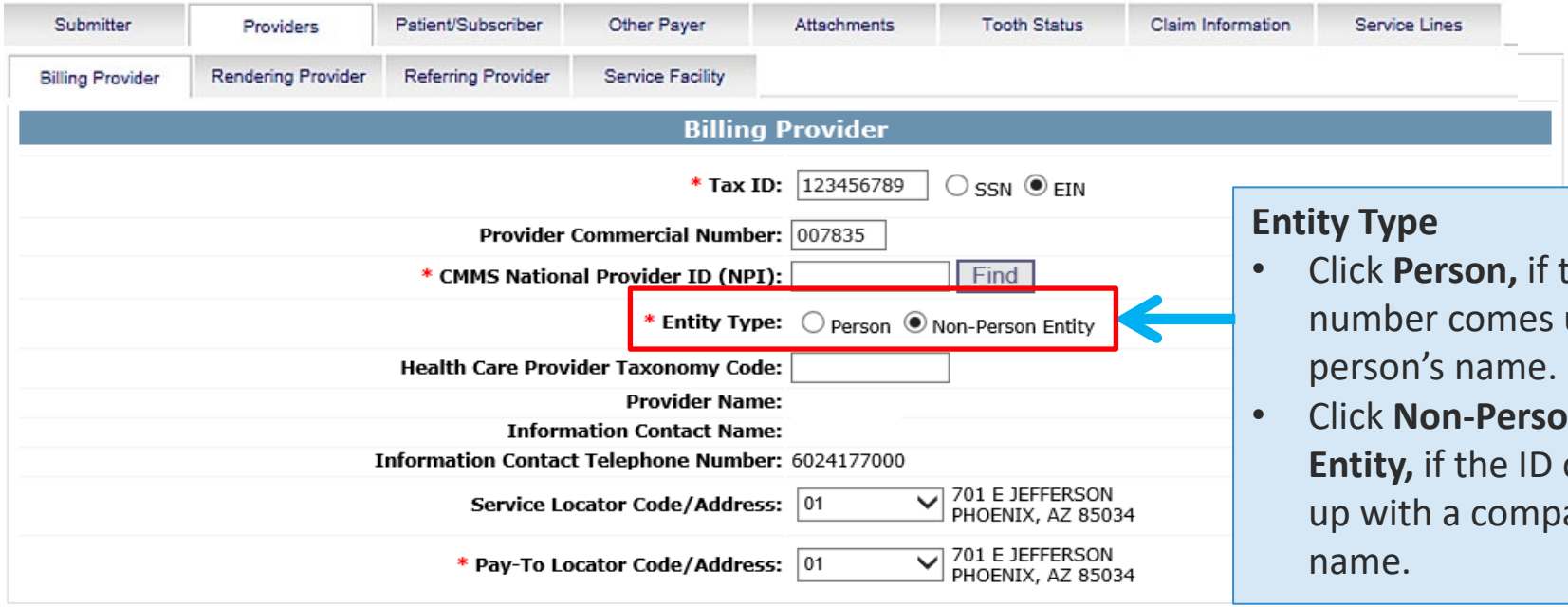
NPI or AHCCCS ID



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

Entity Type Qualifier

Click your Entity Type: Person or Non-Person



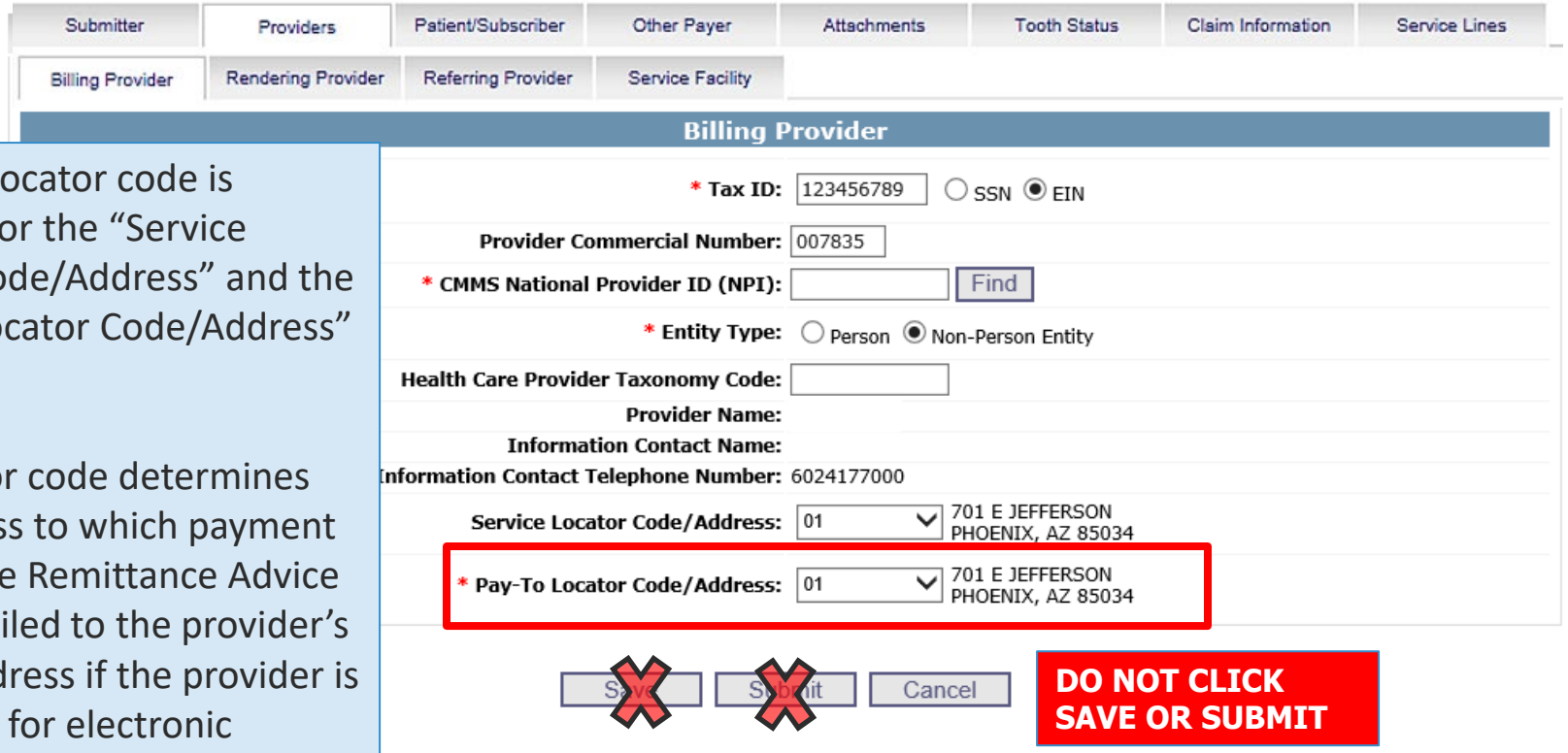
Entity Type

- 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

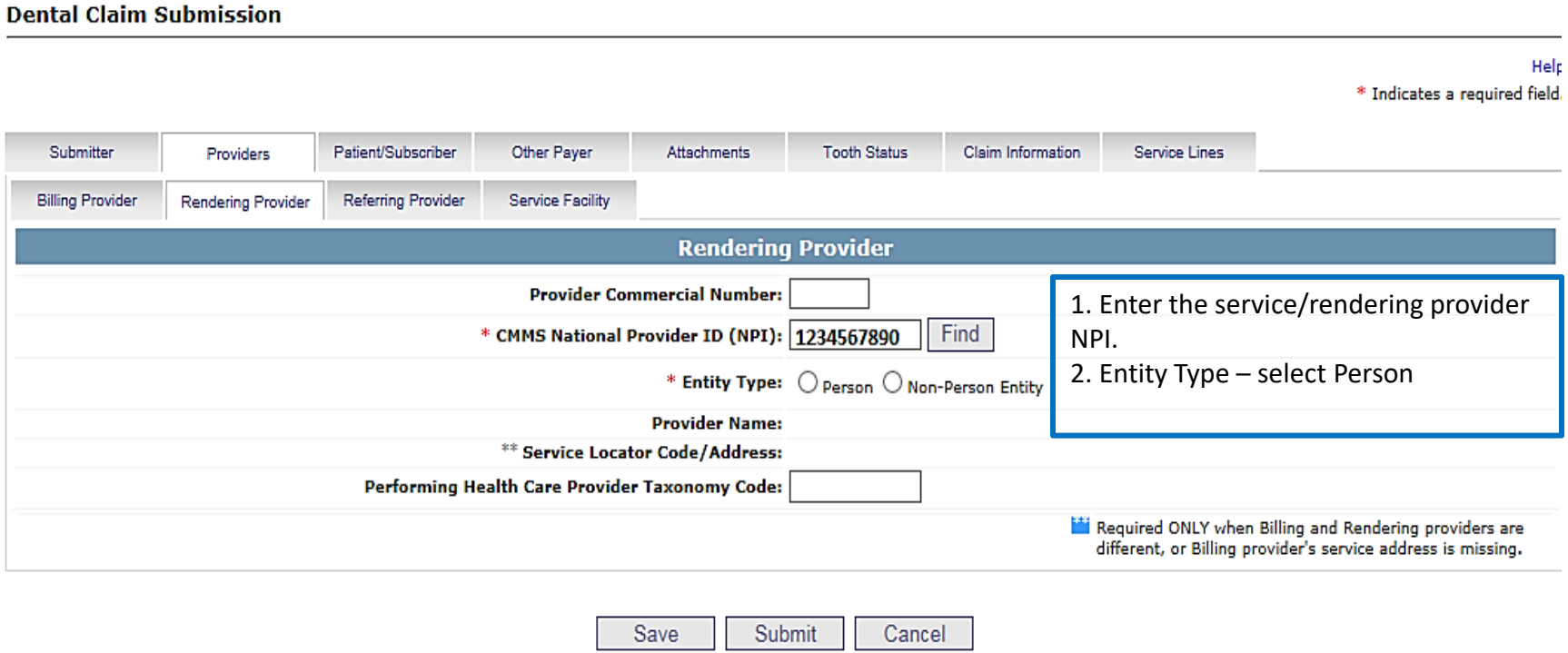
Selecting locator code is **required** for the “Service Locator Code/Address” and the “Pay-To Locator Code/Address” Fields.

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.



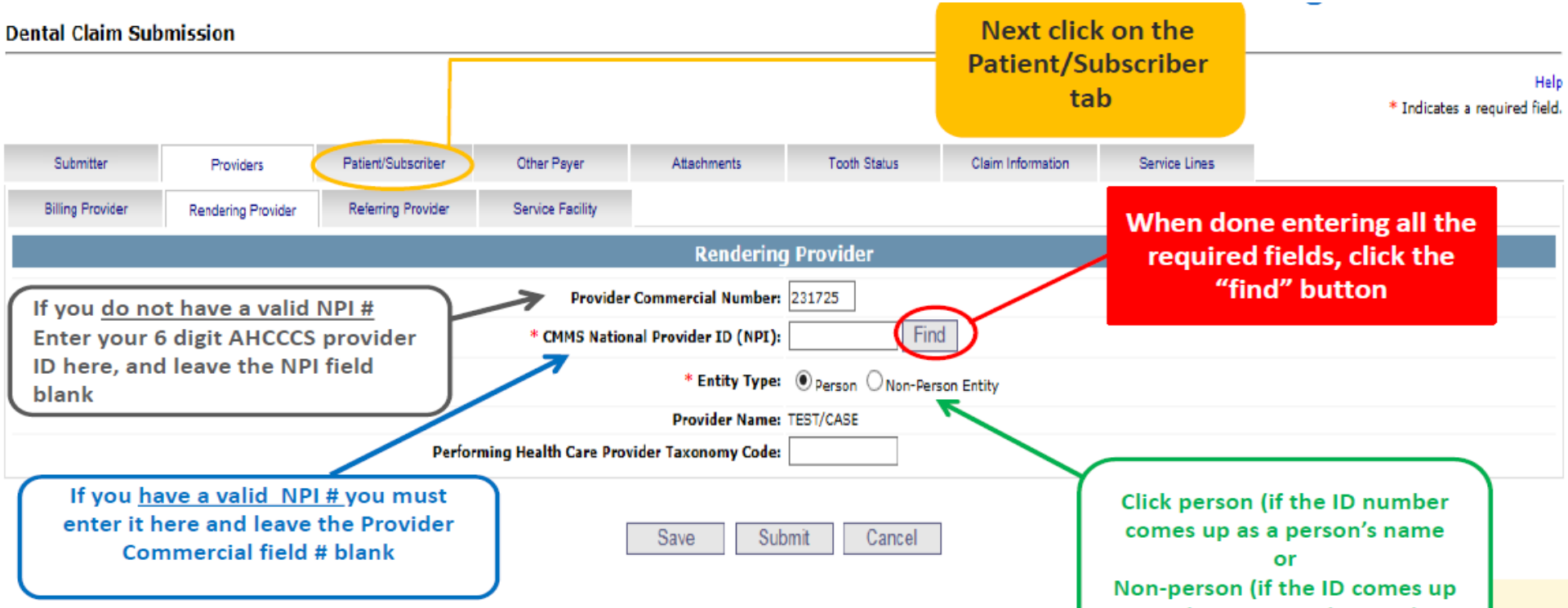
Rendering Provider Tab

Rendering Provider Tab



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

Rendering Provider Screen



Patient/Subscriber Tab

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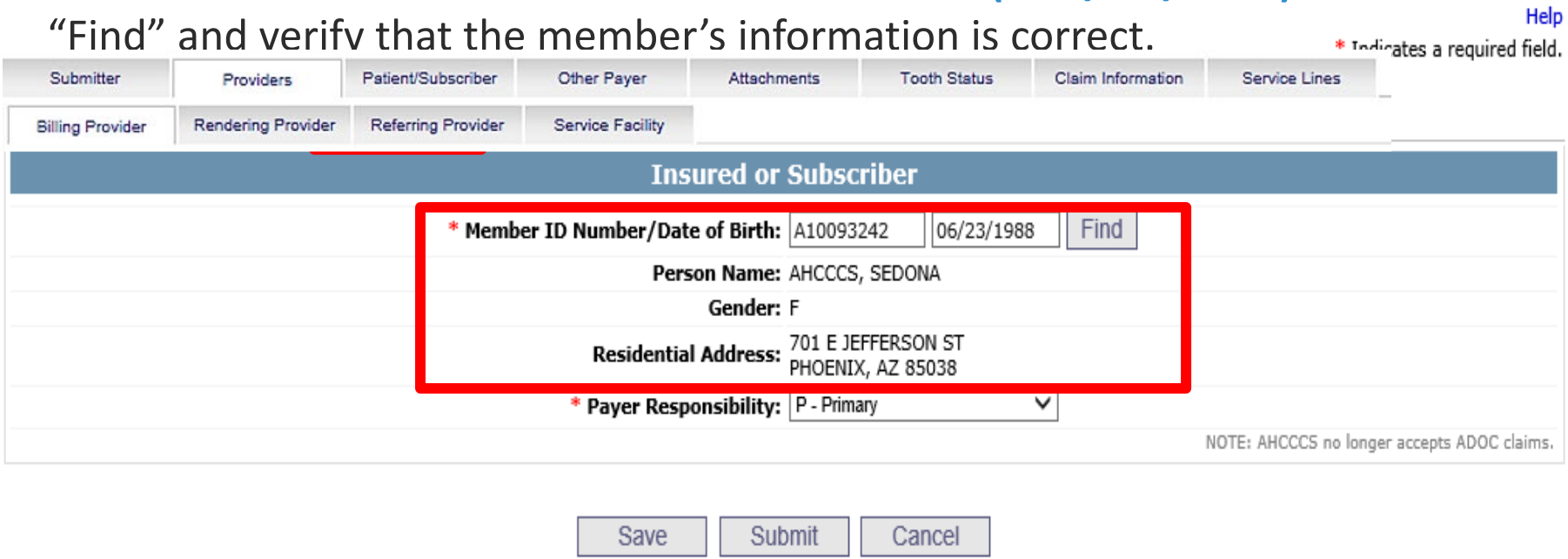
Patient/Subscriber Tab

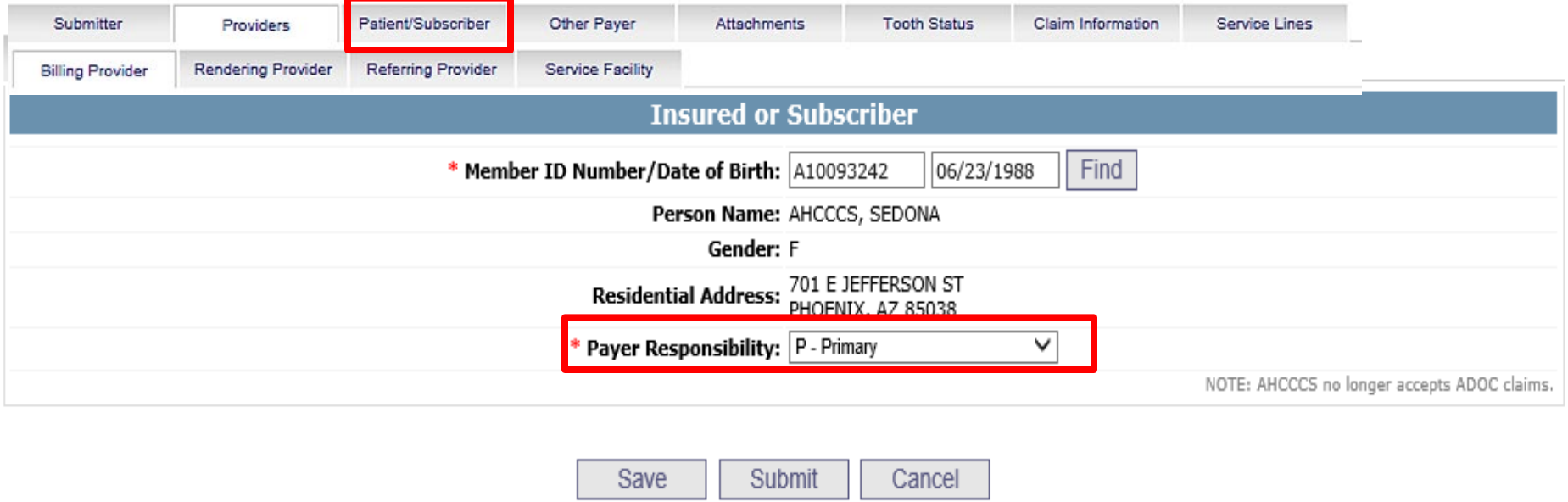
Enter the member's **AHCCCS ID and Date of Birth (MM/DD/YYYY).** Click "Find" and verify that the member's information is correct.



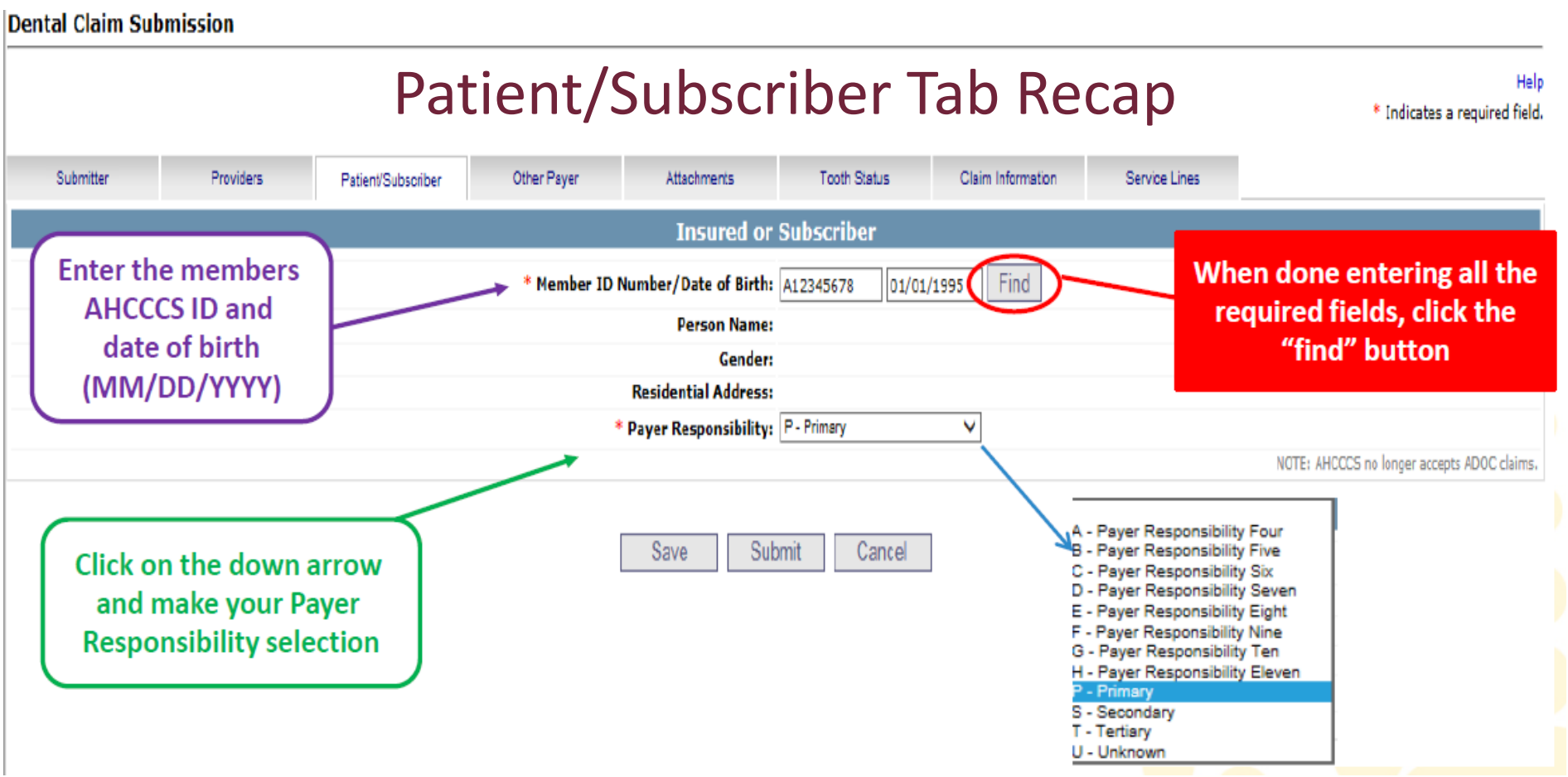
Patient/Subscriber Tab

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 highlights P-Primary.



Patient/Subscriber Tab Recap



Attachments Tab

If no attachments, click “Claim Information” tab next

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

Certain types of claims require additional documentation to be submitted.

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

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

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

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

What is the Control/PWK Number?

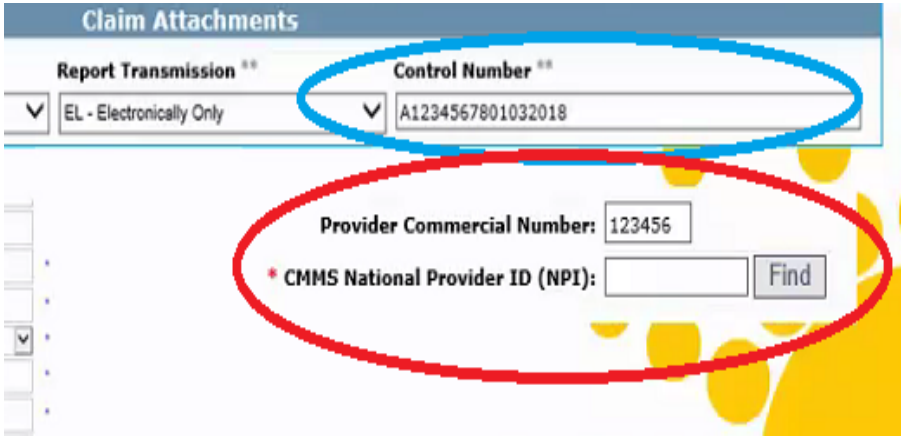
- It is a unique number that a provider creates for each claim/document that they submit.
- This unique number forms an electronic match between the **submitted documentation (Transaction Insight Portal)** and the **claim (AHCCCS Online Provider Portal)**.
- It allows the system to link the attachment to the correct claim.

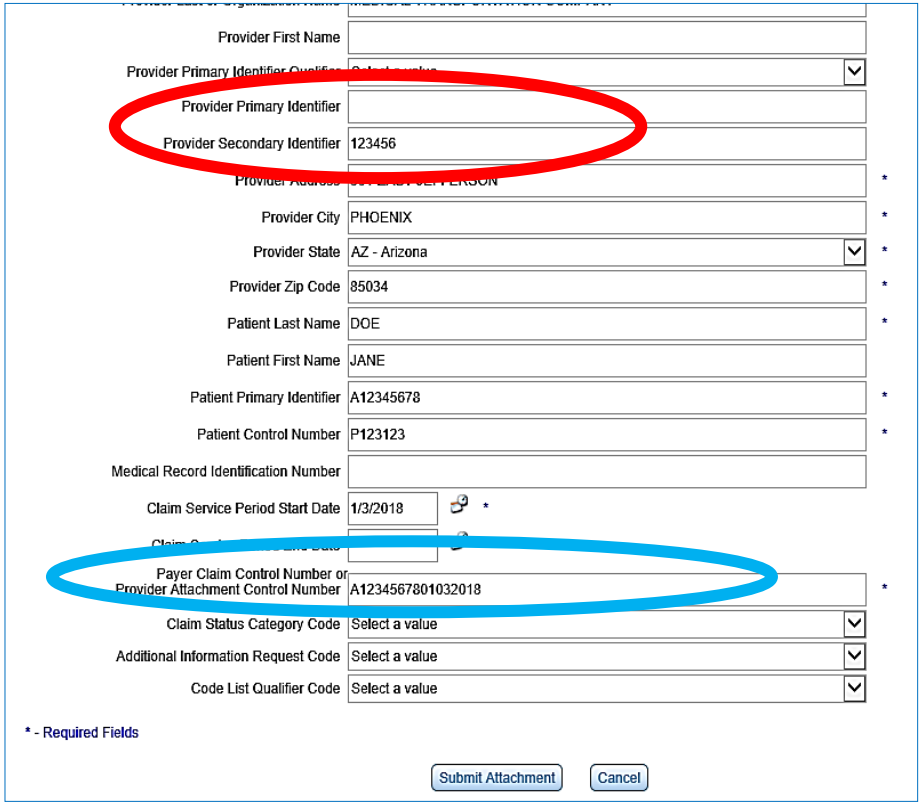
The Control/PWK Number is entered in ***twice.***

- ***First,*** it is entered in by the provider when they submit their claim via the **AHCCCS Online Provider Portal**; and then
- It is ***entered in a second time*** when they submit their documentation on the **Transaction Insight Portal.**

The Control/PWK Number and Provider Identifier

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



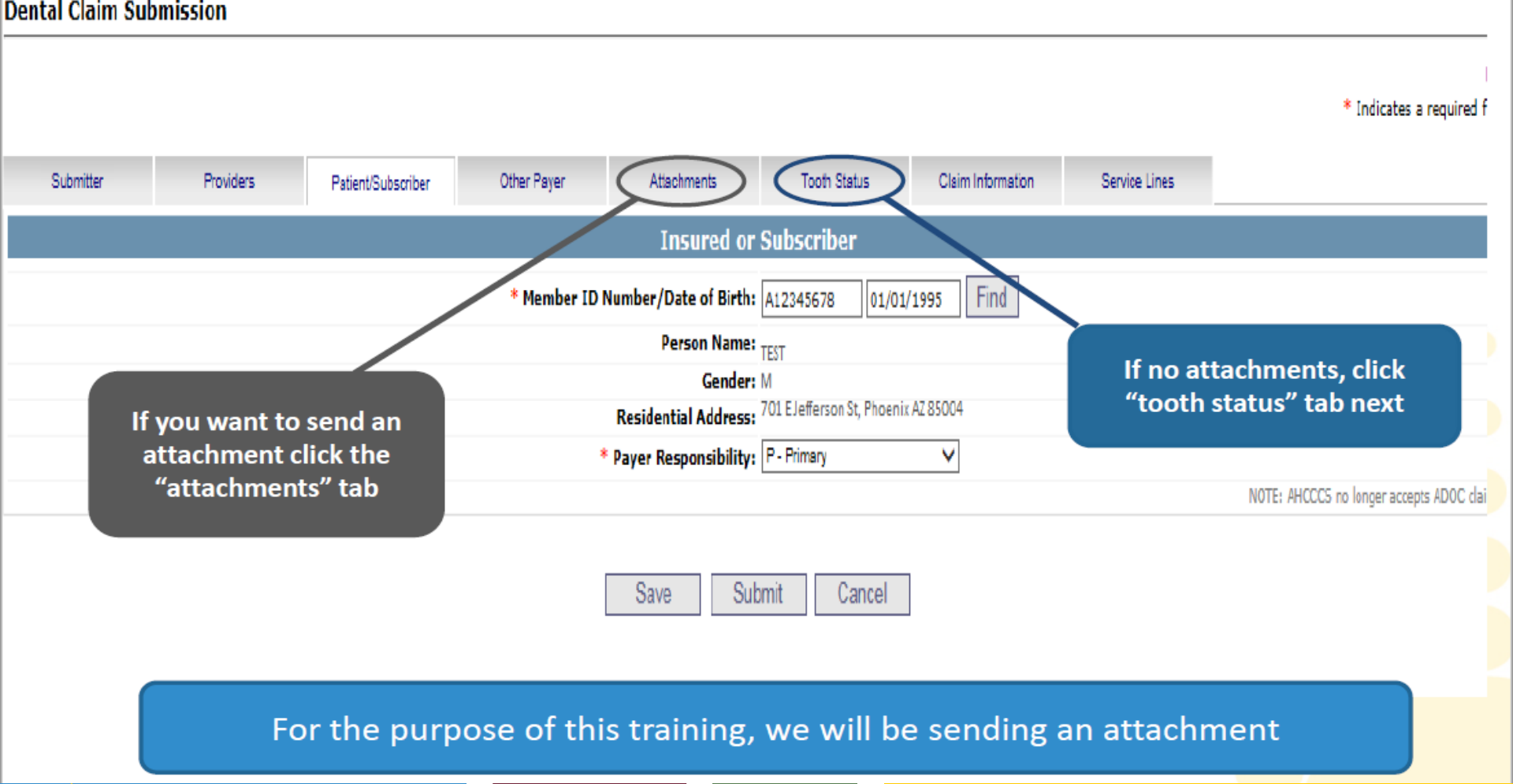


Information on the Transaction Insight Portal

Transaction Insight Portal

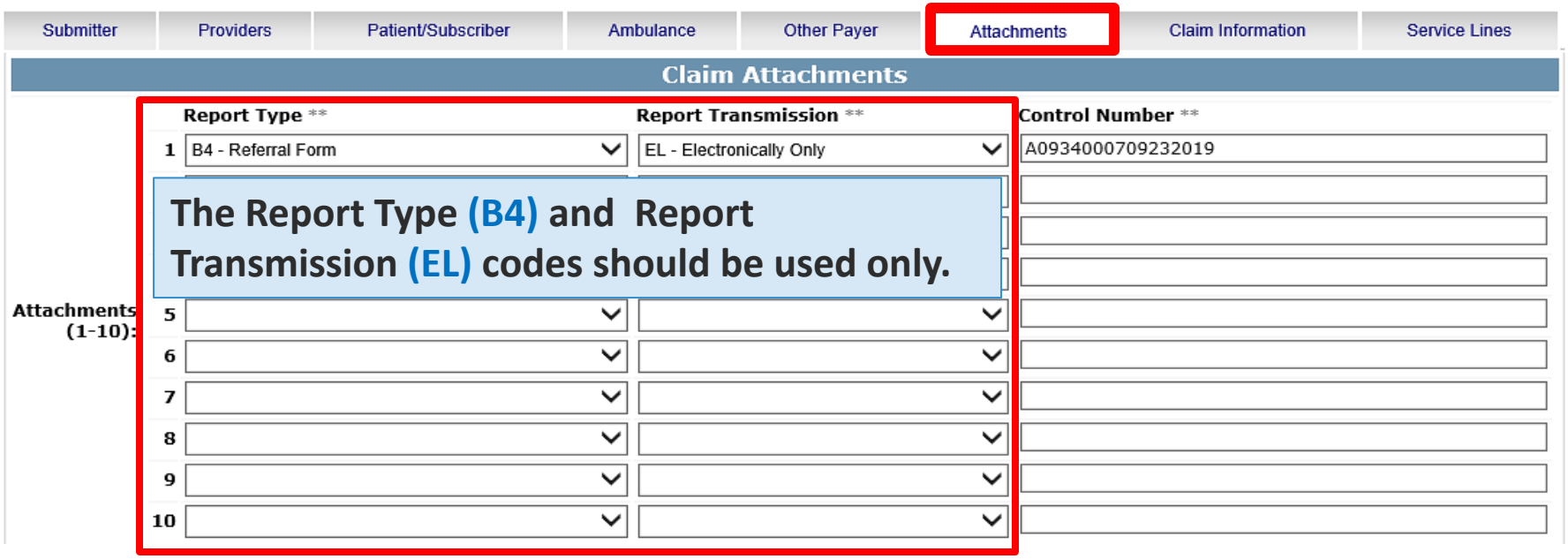
For additional information on how to submit documentation using the Transaction Insight Portal, so that the documentation matches to the correct claim, please visit the DFSM Provider Training web page at:

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


Dental Claim Submission
* Indicates a required f
Submitter
Providers
Patient/Subscriber
Other Payer
Attachments
Tooth Status
Claim Information
Service Lines
Insured or Subscriber
* Member ID Number/Date of Birth:
A12345678
01/01/1995
Find
Person Name:
TEST
Gender:
M
Residential Address:
701 E Jefferson St, Phoenix AZ 85004
* Payer Responsibility:
P - Primary
NOTE: AHCCCS no longer accepts ADOC clai
Save
Submit
Cancel
If you want to send an attachment click the "attachments" tab
If no attachments, click "tooth status" tab next
For the purpose of this training, we will be sending an attachment

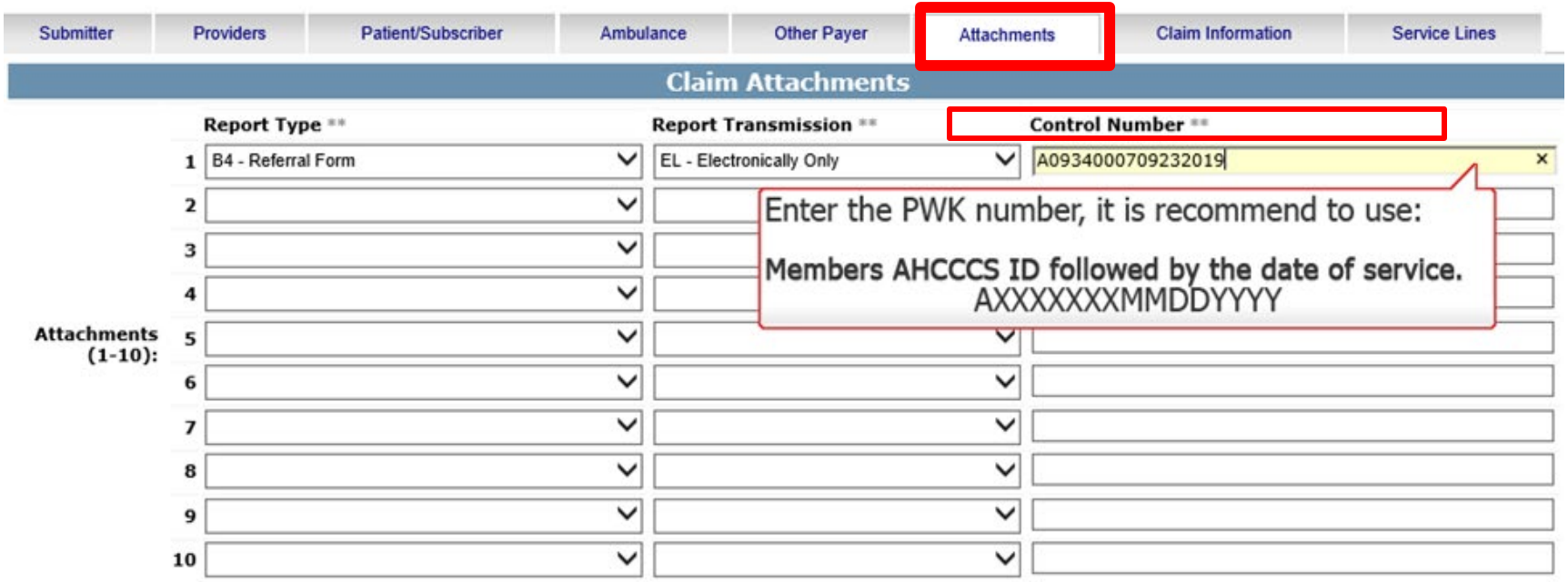
Attachments Tab

- Report Type – Click the drop down and select type of attachment
- Report Transmission – Click the drop down and select EL – Electronically Only
- Control Number – Enter the PWK number. We recommend you use the members AHCCCS ID followed by the Date of Service, making sure the “A” in the AHCCCS ID is capitalized



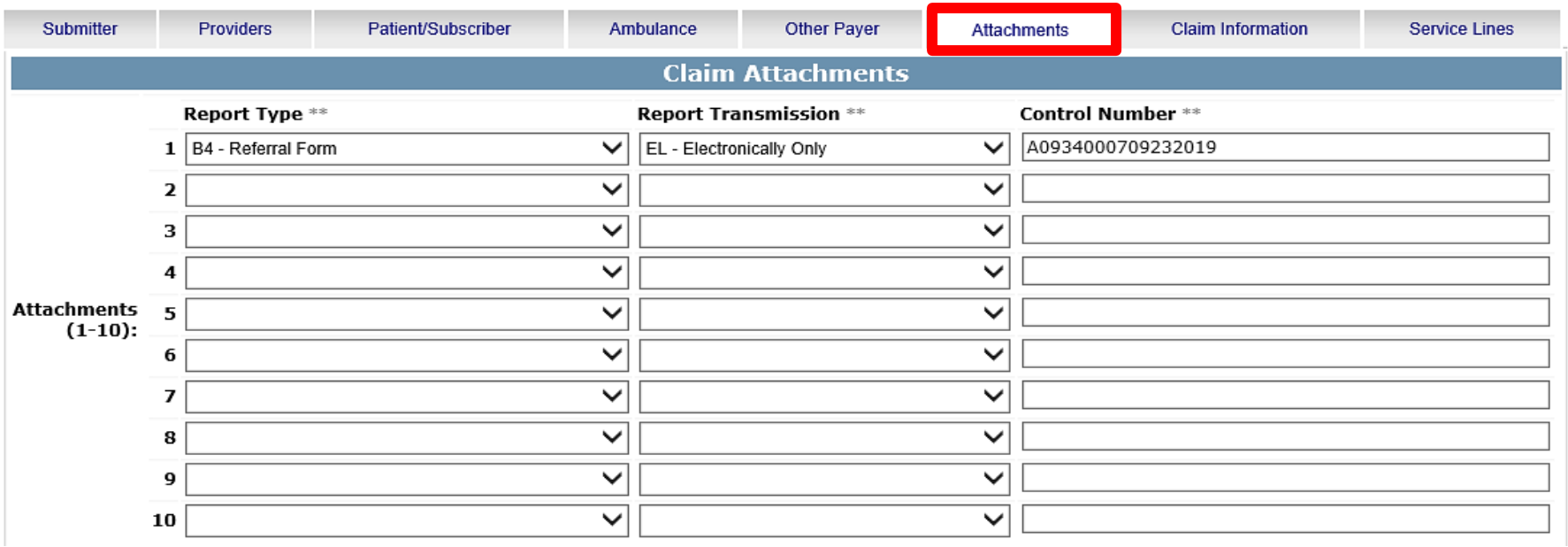
Attachments Tab

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



Attachments Tab

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



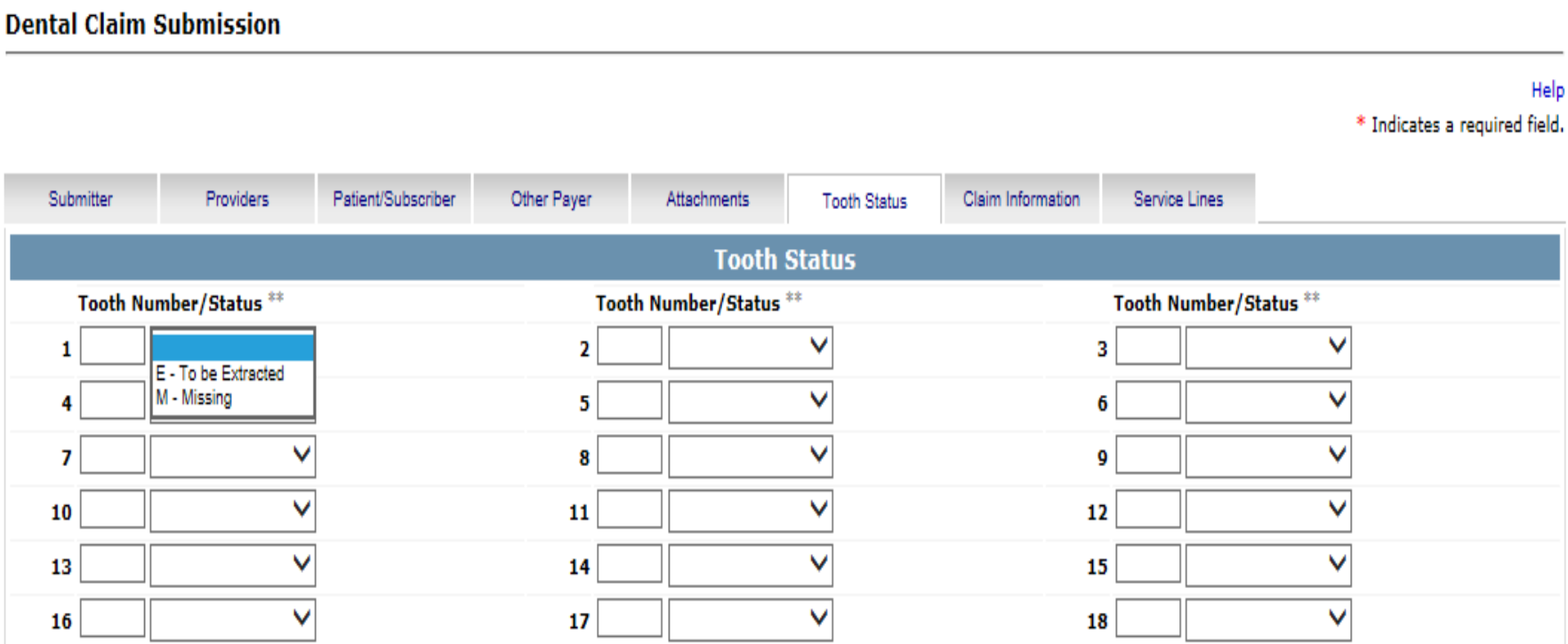
Control Number (PWK number)

Example of a PWK number using a member's AHCCCS ID and the Date of Service	
AHCCCS ID (**9-character AHCCCS ID**) The A in AHCCCSID must be in uppercase	A12345678
Date of Service	01/03/18
PWK for Claim 1, Document 1	A1234567801032018
Different AHCCCS ID member with the Same Date of Services	
AHCCCS ID (**9-character AHCCCS ID**) The A in AHCCCSID must be in uppercase	A87654321
Date of Service	01/03/18
PWK for Claim 2, Document 2	A8765432101032018

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.

Tooth Status Tab

Tooth Status Tab



Claim Information Tab

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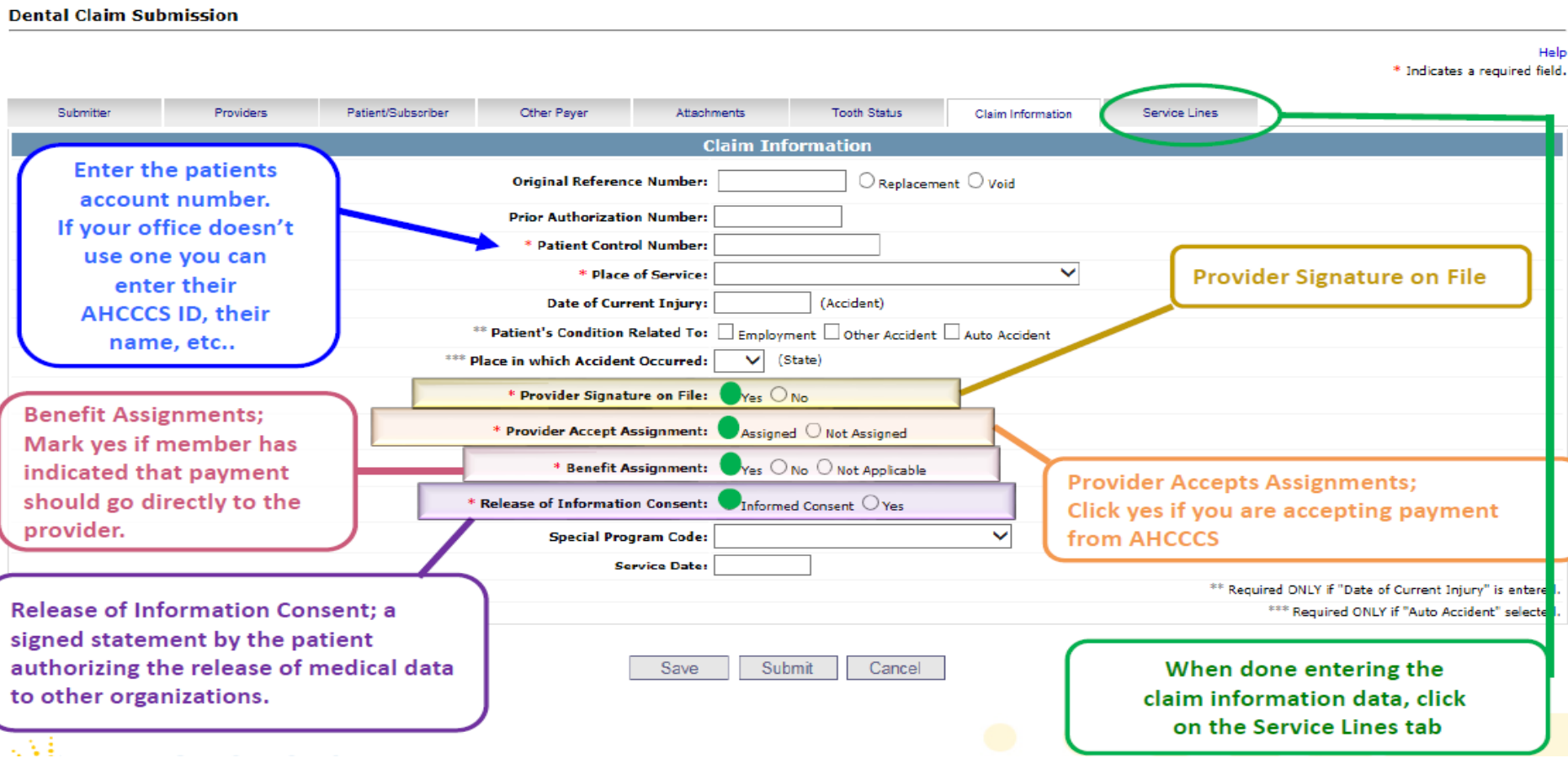
Claim Information Screen



Service Lines Tab

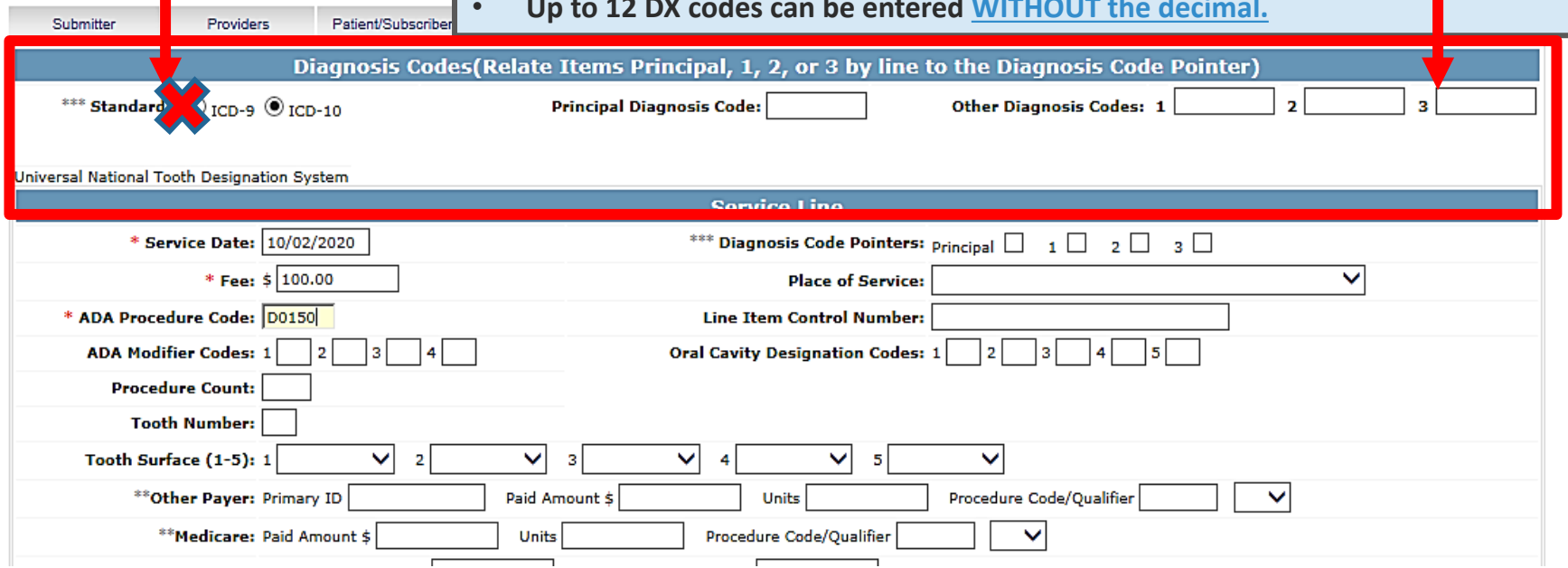
Dental Service Line

On the left side click the radio dial next to ICD-10.

- NOTE: Effective 10/01/15, you must select ICD-10

To the right side of the screen, you will see the Diagnosis Codes field.

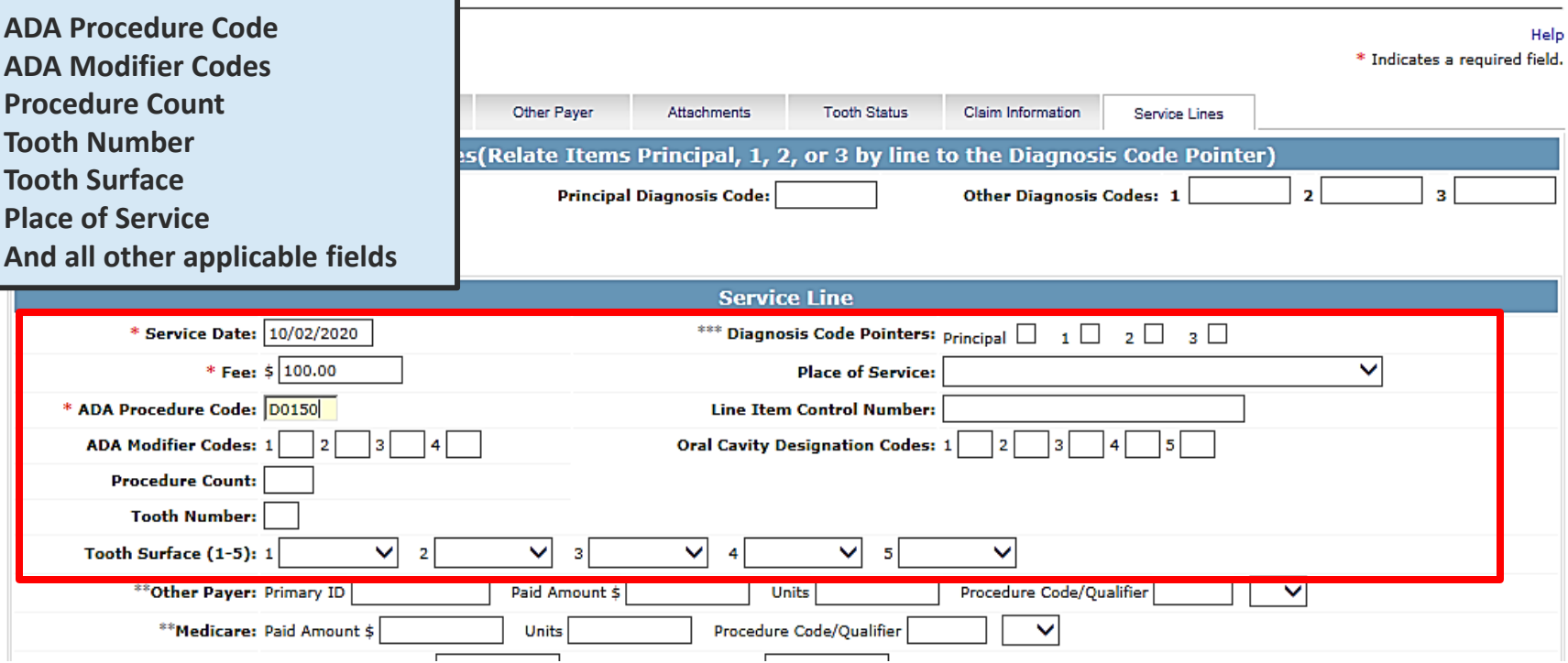
- Enter the DX codes. Do not include the decimal point when entering the DX codes (ex. correct format (R6889) _ incorrect format (R68.89).
- Up to 12 DX codes can be entered WITHOUT the decimal.



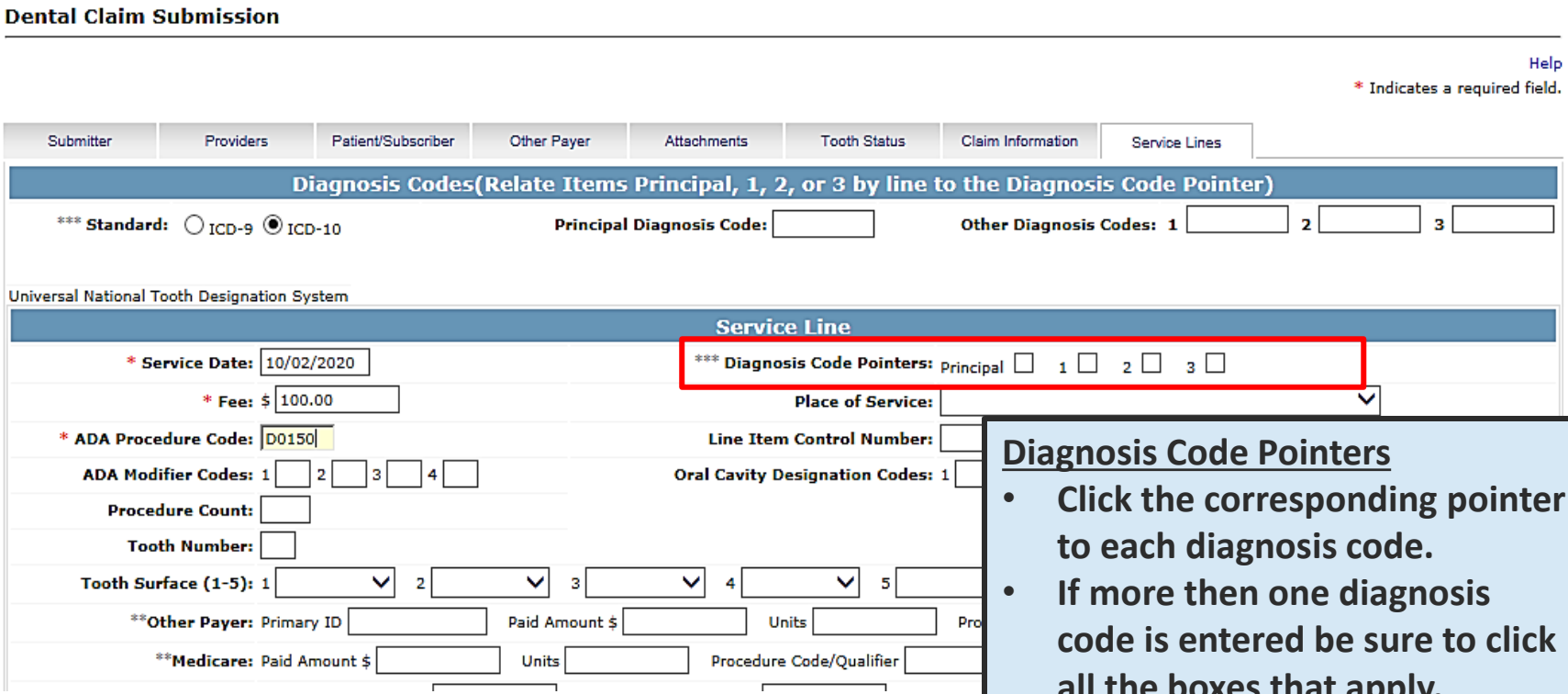
Enter the following:

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

Dental Service Line



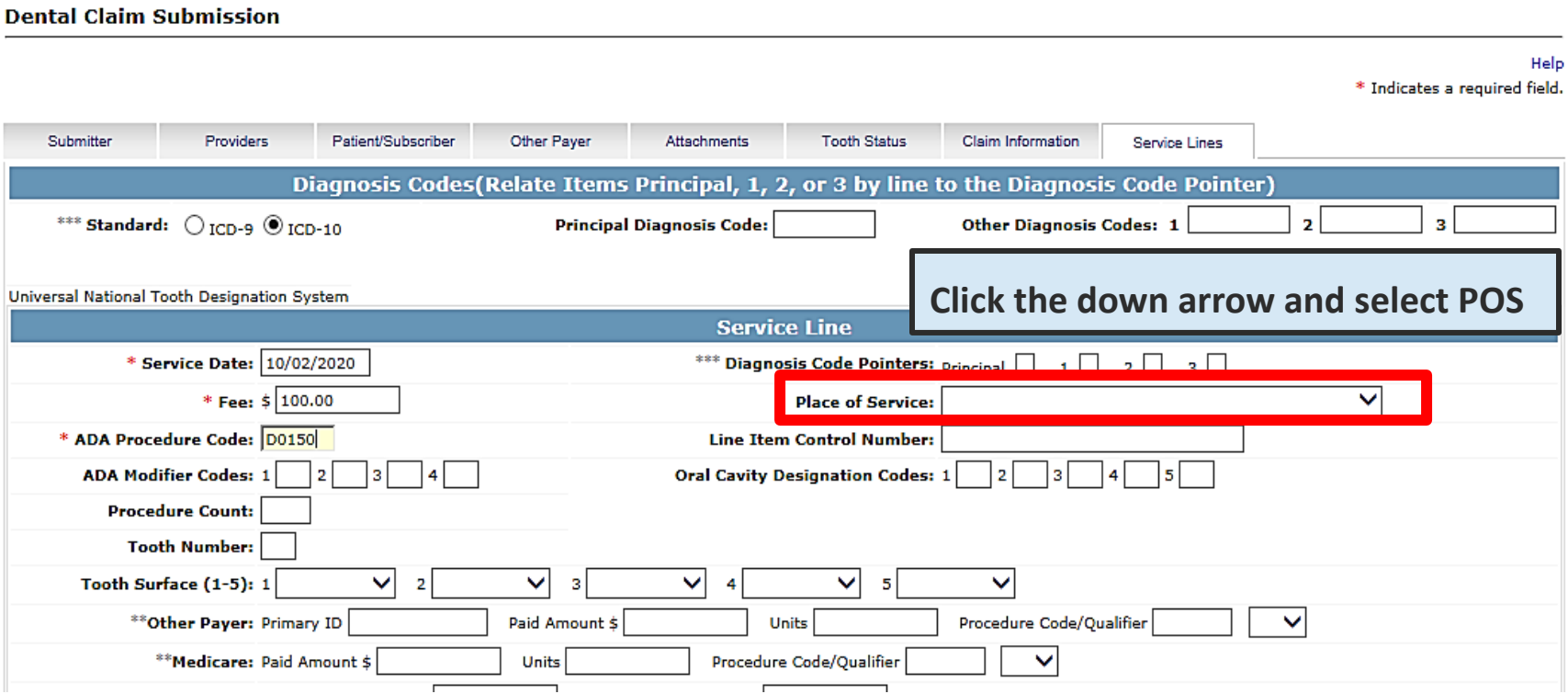
Dental Service Line



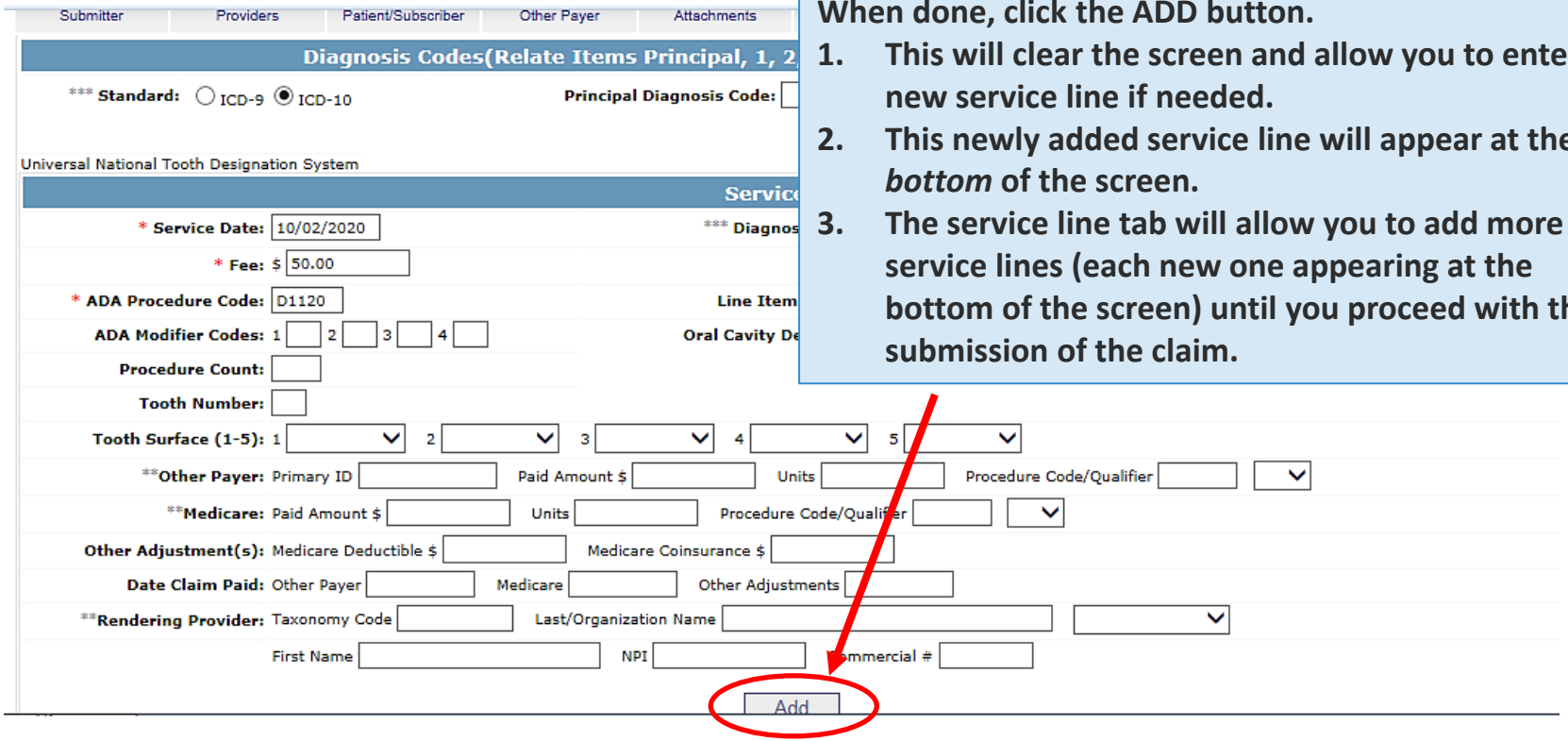
Diagnosis Code Pointers

- Click the corresponding pointer to each diagnosis code.
- If more then one diagnosis code is entered be sure to click all the boxes that apply.

Dental Service Line



Dental Service Line



When done, click the ADD button.

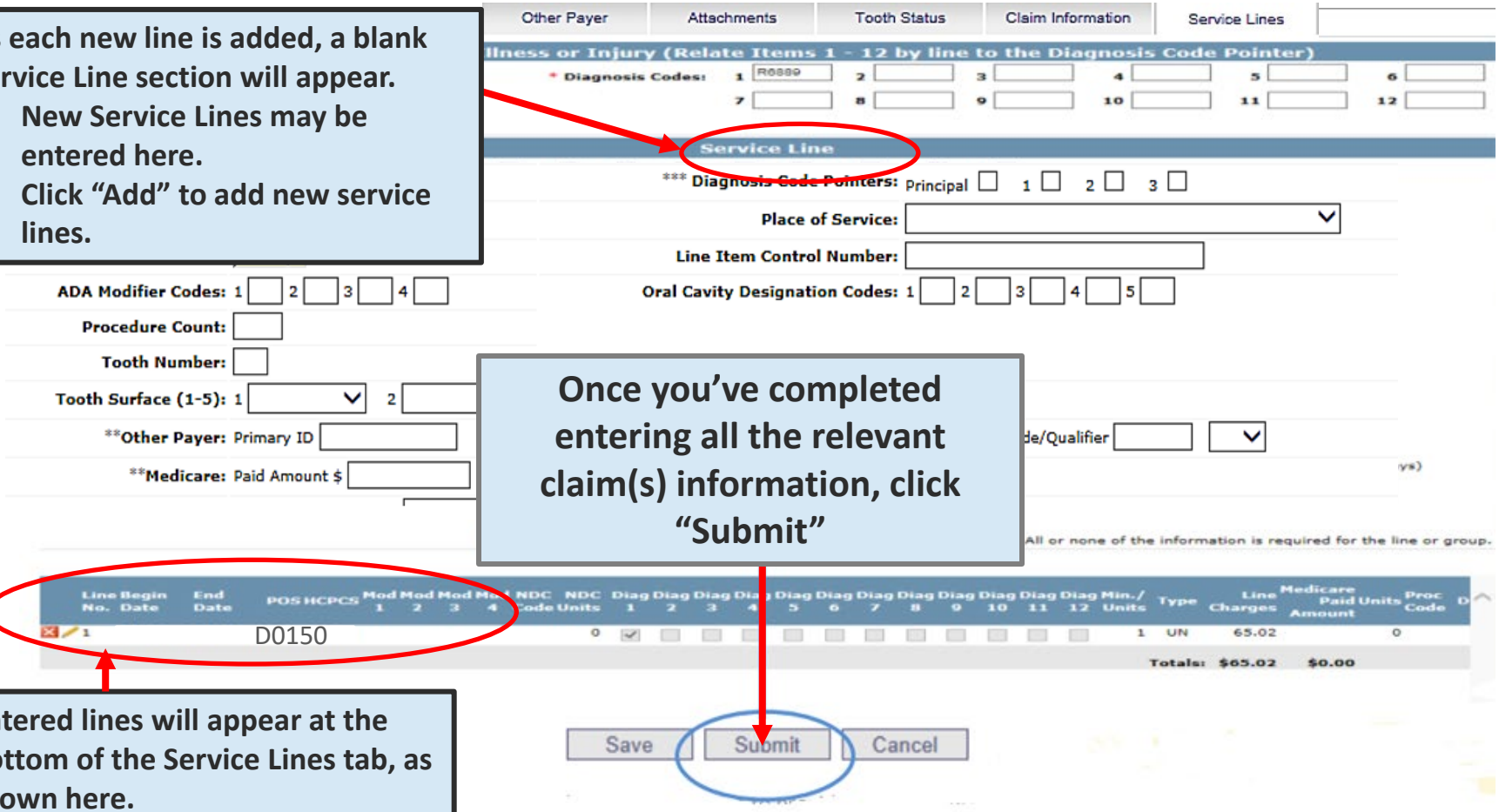
1. **This will clear the screen and allow you to enter a new service line if needed.**
2. **This newly added service line will appear at the *bottom* of the screen.**
3. **The service line tab will allow you to add more service lines (each new one appearing at the bottom of the screen) until you proceed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

Summary Line

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

As each new line is added, a blank Service Line section will appear.

- New Service Lines may be entered here.
- Click “Add” to add new service lines.



Once you’ve completed entering all the relevant claim(s) information, click “Submit”

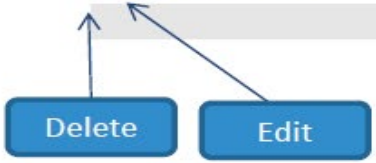
Entered lines will appear at the bottom of the Service Lines tab, as shown here.

Service Lines Add and Updates

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

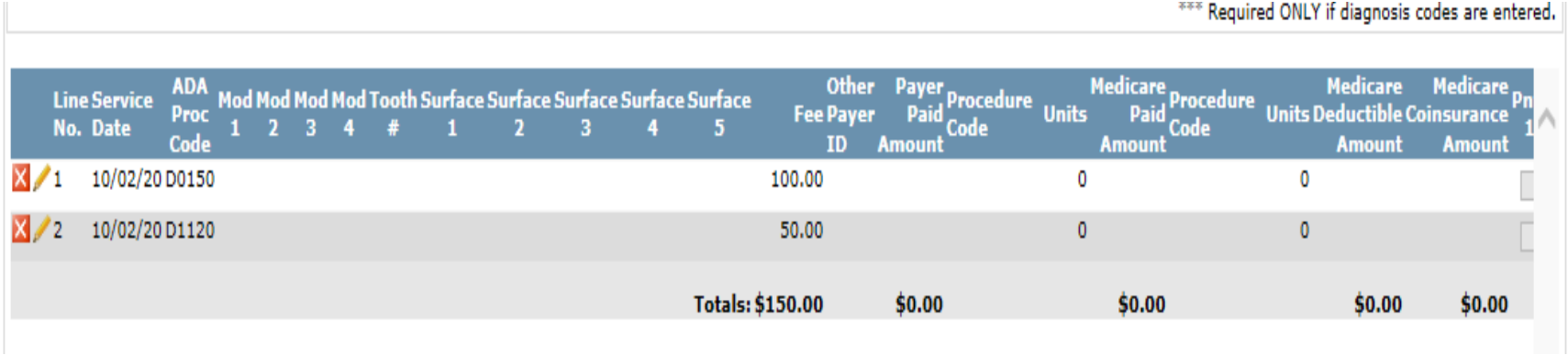
	Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Fee	Other Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Medicare Units	Medicare Deductible Amount	Medicare Coinsurance Amount
	1	01/01/18	D0150	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

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



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

Updated Summary Lines

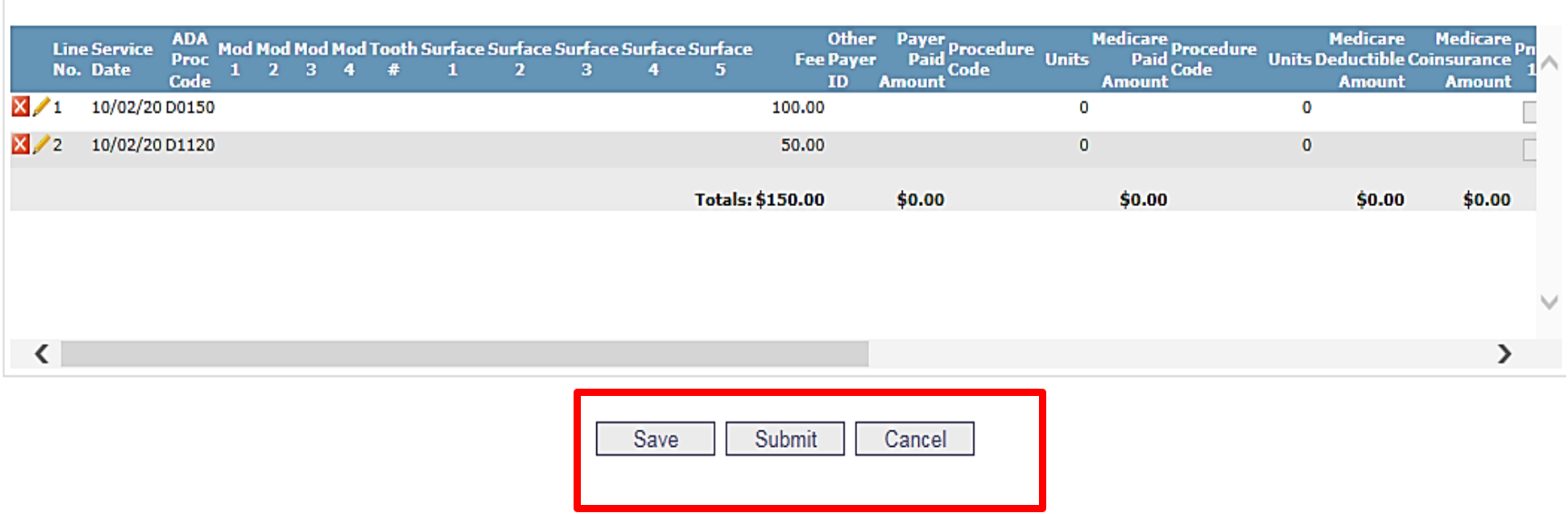


*** Required ONLY if diagnosis codes are entered.

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

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

Finalizing the Claim

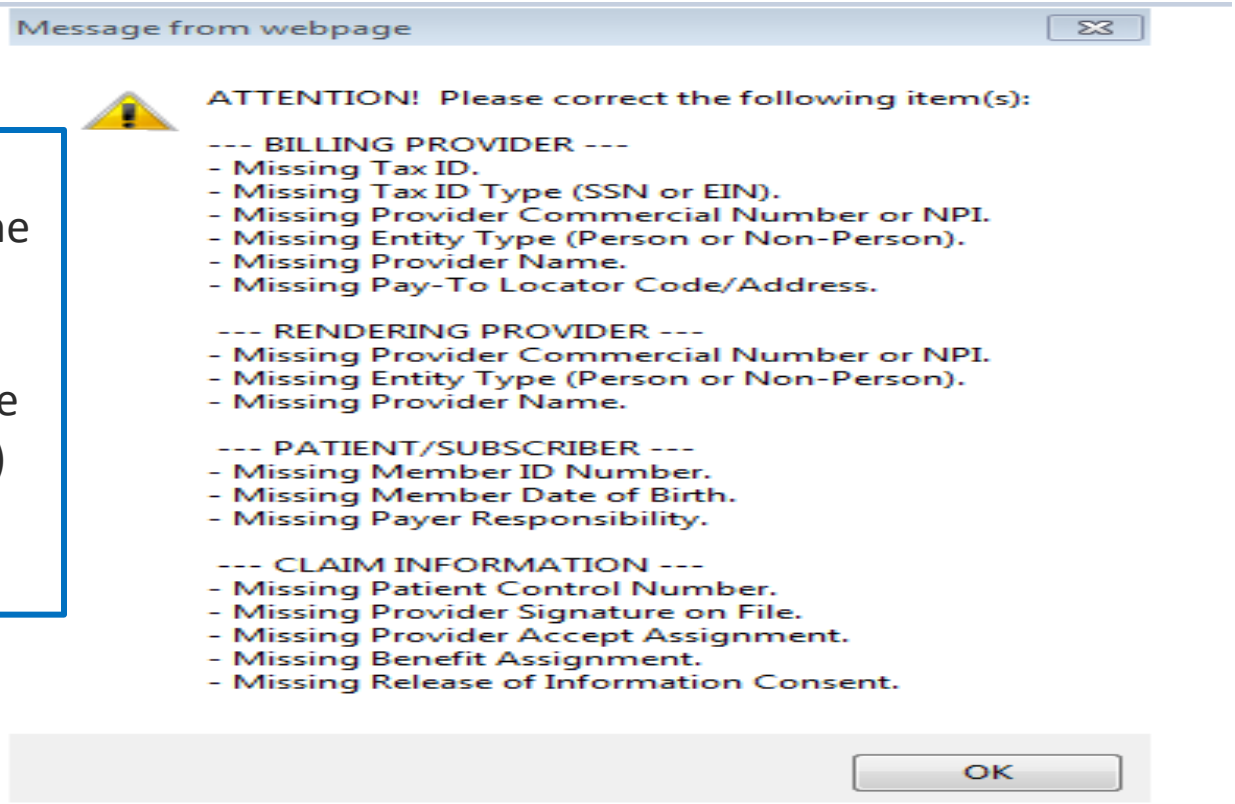


Line No.	Service Date	ADA Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Tooth #	Surface 1	Surface 2	Surface 3	Surface 4	Surface 5	Other Fee	Payer ID	Payer Paid Amount	Procedure Code	Units	Medicare Paid Amount	Procedure Code	Units	Medicare Deductible Amount	Medicare Coinsurance Amount	Pn 1
1	10/02/20	D0150						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

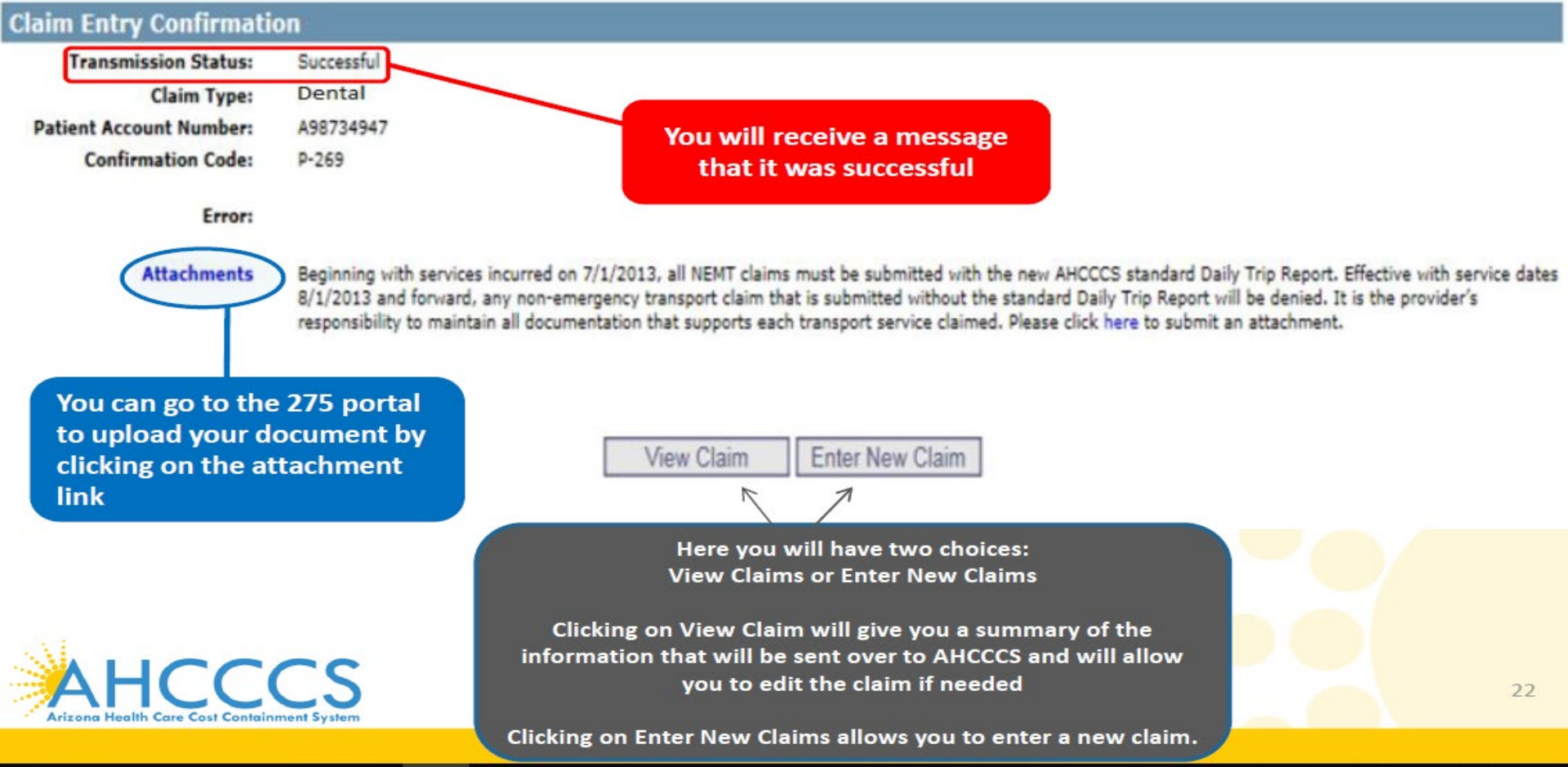
Save Submit Cancel

Additional Help - Online Error Messages

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

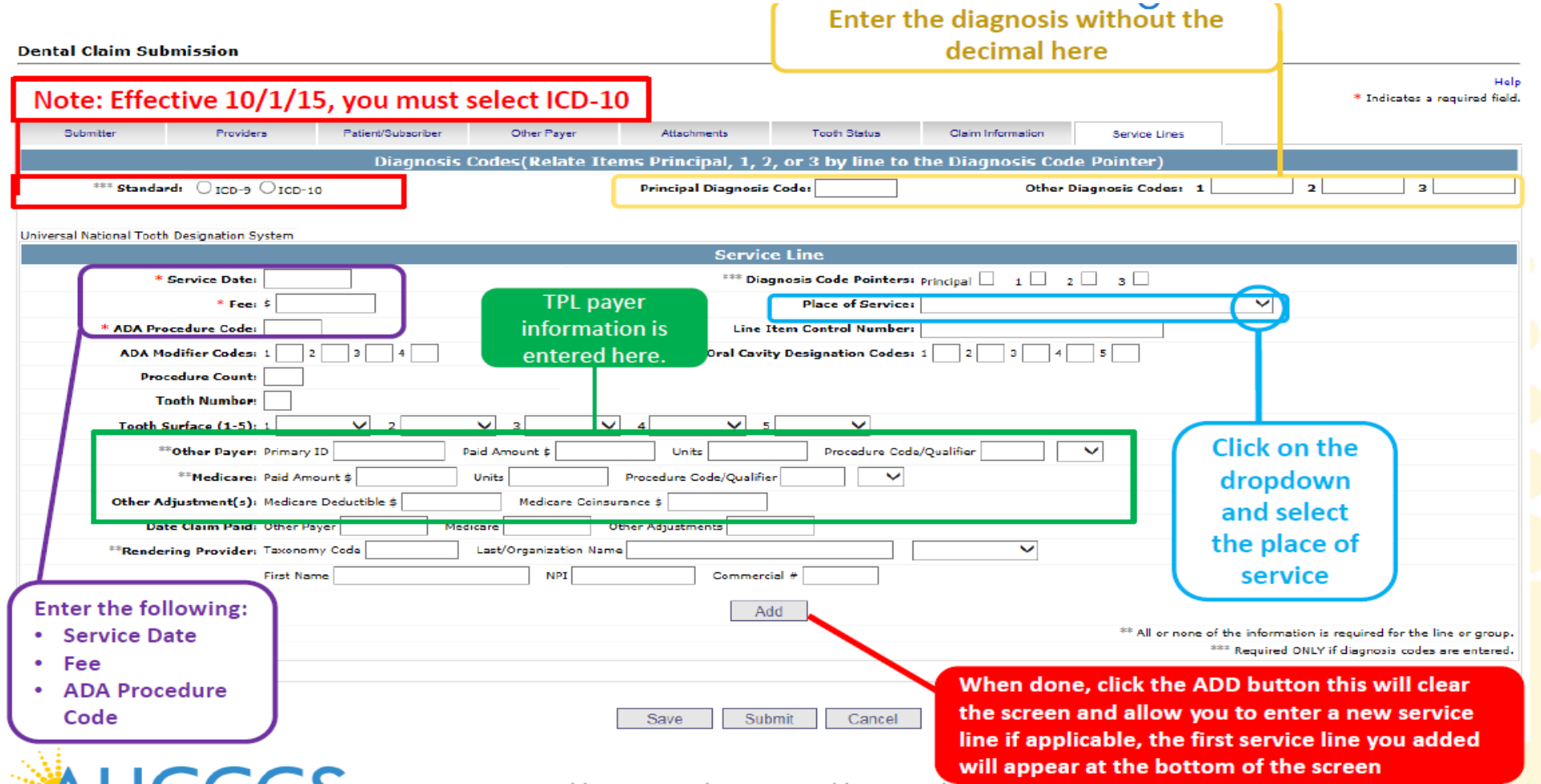


Claim Entry Confirmation Screen



AHCCCS
Arizona Health Care Cost Containment System

Service Line Screen Overview



DFSM Provider Education and Training Unit

AHCCCS
Arizona Health Care Cost Containment System

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.

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/IHStriballbillingManual.html

AHCCCS Medical Policy Manual

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

Thank You.