DFSM Provider Training Schedule January 2026

AHCCCS offers various Fee-for-Service provider training opportunities, which covers the AHCCCS Online Provider portal, general processes to include claim submissions and corrections, Fee-for-Service prior authorization, and the EDI Solutions portal for documentation uploads. Training dates and times for February and March will be posted on the provider training webpage. AHCCS Provider Training Schedule January 2026

Inpatient Hospital (FES) Does Not Require Prior Authorization

Hospitals registered as provider type 02 do not need to submit PA requests to the Federal Emergency Services program. Submitting unnecessary PA requests creates additional unnecessary work for hospital billing staff and the prior authorization team.

All claims for services will be reviewed by the AHCCCS Administration on a case-by-case basis.

When hospitals adhere to the prior authorization guidelines, it eliminates unnecessary work by the facility such as,

1. Submitting unnecessary prior authorization requests.
2. Submitting a PA correction form to request the PA to be revoked.
3. Submitting a service ticket to have the claim forwarded to medical review.

No Prior Authorization for Emergency Services

The Balanced Budget Act prohibits requiring prior authorization for emergency services. This means hospitals cannot require or submit PA requests for emergency services provided to FES members.

Medical Coding Resources January 2026

The January CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes sets have been updated in our system. Visit the Medical Coding Resources page to stay up to date with all the coding changes and reference extracts. Medical Coding Resources

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The DFSM Claims Clues is a monthly newsletter that provides information about changes to the program, system changes/updates, billing and FFS policies.

Claims, Prior Authorization and Provider Enrollment inquires: The Division of Member and Provider Services (DMPS) manages the service calls for AHCCCS Fee-for-Service. DMPS can assist providers with prior authorizations, claim inquires and status and provider registration (APEP) questions and processes.

The hours of operation are Monday – Friday, 8:00am-5:00pm (602-417-7670).

AHCCCS Provider Enrollment Portal (APEP): Questions regarding provider-related enrollment, policy, or APEP user issues email APEPTrainingQuestions@azahcccs.gov . Your email will automatically create a service ticket to Provider Enrollment for assistance.

AHCCCS Warrents - For questions about Warrants, paper EOBs or Electronic Fund Transfers (EFT), contact the Division of Business & Finance (DBF) at (602) 417-5500.

835 Electronic Remittance Payment Sign Up (Remittance Advice Sign Up/835) Contact: ServiceDesk@azahcccs.gov or call (602) 417-4451

To upload documents to the new EDI Solutions portal ServiceNow, users will need to have access. If you do not have an account, please follow the instructions outlined in the EDI Portal Provider Signup and Login Guide.

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page .

For provider training questions please outreach the Provider Training Team via email at ServiceDesk@azahcccs.gov

COVID FAQ: FAQ COVID Fact Sheet

AHCCCS DFSM Additional Guides and Resources

The AHCCCS Covered Behavioral Health Services Guide (CBHSG) is updated and published as needed. Refer to the CBHSG below:

- AHCCCS Covered Behavioral Health Services Guide (updated 11/3/2025)

The AHCCCS Same Day Disallow Table includes the most commonly used per diem, single day, counseling, treatment, and assessment/screening/evaluation code combinations. This is not an exhaustive list of all available codes. Refer to the AHCCCS Same Day Disallow Table below:

- AHCCCS Same Day Disallow Table (Updated 11/12/2025)

  The AHCCCS Behavioral Health Services Matrix (B2 Matrix) is updated and published monthly, with the current month's information. Refer to the 'as of' date in the header of the Matrix document below:

- B2 Matrix (updated 12/01/2025)

Common Prior Authorization Submission Errors

AHCCCS has identified several common PA submission errors that include but are not limited: • PA request entered for CPT/HCPCS code that does not require a PA.

- Incorrect Date of Service(s).
- Incorrect Event type.
- Failure to complete the Event Tab.
- Failure to complete the Activity Tab.
- PA request entered under the incorrect provider NPI number.

To learn more about procedures that may or may not require a prior authorization view the AHCCCS Fee for Service Prior Authorization Guide.

Referring Ordering Provider Claim Denial Edits L208.1 / L232.4

Claims submitted by Fee-for-Service providers that include a referring, ordering, or attending provider who is NOT registered with AHCCCS or has been terminated due to failure to re-enroll/revalidate will deny. For additional information refer to https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html

L208.1 Ordering Provider Id Invalid Provider Type/Qualifier

- Referring provider field is either missing the NPI or the provider has been terminated in the AHCCCS system due to failure to re-enroll/revalidate.

L232.4 Invalid Provider Invalid Referring/Ordering

- Provider may be terminated in the AHCCCS system due to failure to re-enroll/revalidate.

To validate providers who meet these requirements, AHCCCS publishes two listings as follows on a regular basis:

AHCCCS Active, Registered Providers by NPI who may Refer, Order, Prescribe, or Attend

ROPA Excepted Providers List (Residents, Interns, Pharmacists)

There are limited types of providers who can refer, order, prescribe or attend who are not registerable provider types with AHCCCS, including pharmacists, residents, and interns. The providers in the above list will not be required to formally register with AHCCCS but will be tracked for validity through an alternative tracking system.

Medicare and Third-Party Liability Claims Correction

Providers are responsible for correcting errors that are a result of the direct claim submission. Providers must resubmit a new/correction claim with the corrected information. AHCCCS cannot edit/change or alter details entered by the provider.

This may include, but is not limited to the following:

- Incorrect value codes entered on the claim,
- Cost sharing amounts entered in the incorrect field.
- Inaccurate data entry

A copy of the primary payer's M/EOB will be required with the resubmission.

Reminder: Non-Emergency Medical Transportation (NEMT) Billing

NEMT providers should not span Multiple transport dates on a single line of service. This applies to any base and mileage code applicable to the transport service.

Multiple dates may be billed on a single claim submission but must be on a separate service line with a corresponding AHCCCS Daily Trip Report attached for each date of service billed.