

Quick Training Guide Behavioral Health Providers How To Attach Documentation Using the 275 Transaction Insight Portal (TIBCO)

This training guide is designed for (Behavioral Health Outpatient Clinic (PT 77), Clinic (05) and Integrated Clinics (IC) who are required to submit the consent to treat form, treatment plan, progress notes and medical documentation for behavioral health service codes.

Before we begin,

- Any HCPCS codes that are on the behavioral health code list that requires the consent to treat, treatment plan, progress notes and medical documentation, the supporting documentation must be received within 7 Calendar days of the receipt of the claim.
- Providers that are registered with a NPI, it is mandatory that you use the NPI number to attach the documentation.
- The NPI must match the billing NPI from the claim submission.
- When you access the 275 Claim Attachments Page for the first time, all fields are blank. After you've submitted a 275 Claim Attachments Page once, the form will be pre-populated with the values you used previously.
- Providers must have a valid user account for TIBCO > to request an account email:
Servicedesk@azahcccs.gov

Navigate to the Transaction Insight Portal (TIBCO)

<https://tiwebprd.statemedicaid.us/AHCCCS/default.aspx?ReturnUrl=%2fAHCCCS%2f>

1. On the **Sign In** page, select **Files**. Then click on the **"275 Attachments"** box.
2. **Selecting the File(s) to Upload:** Before uploading the documents we suggest inserting a "separator" sheet for each document type, ie. consent form, progress notes, etc.
3. Browse to your file: Click "Browse" and select **Choose File** to browse your device for the file you want to upload. Next, click **Upload Attachment**. Look for the **"Successfully uploaded file"** message.

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB)

Successfully uploaded file: Test.pdf
[Remove This File](#)

After uploading your file select the **Set Purpose Code** based on the following criteria.

Transaction Insight Portal (TIBCO) Set Purpose Codes

There are only two set purpose codes to choose from based on if the initial claim was submitted via the AHCCCS Online Provider portal or if the submission was by paper or EDI.

Set Purpose Code 02 - (Unsolicited) can only be used when the claim is submitted on the AHCCCS Online Provider portal and the provider has created the Provider Work Number (PWK) during the initial claim submission. The PWK number provides the 'linkage' between a claim submitted on the Online portal and TIBCO. The Paper Work number (PWK) can only be created on the AHCCCS Online claims **"Attachment"** tab.

Set Purpose Code 11 (Solicited) must be used when one of the following events below applies. The only way to attach documentation via TIBCO when set purpose code 11 is used is to use the AHCCCS assigned 12-digit claim reference number to attach the documentation to the existing claim that is on file.

- (1) The claim was submitted on the AHCCCS Online Provider portal, but the submitter did not create a PWK number during the initial claim creation.
- (2) The claim was submitted by electronic data interchange (EDI), either by a billing company, clearinghouse or provider's own software.
- (3) The claim was a Paper submission and documentation was not submitted with the original claim.

After selecting the appropriate Set Purpose Code, complete the details section of the TIBCO form.

Review the training examples below that shows how to complete the TIBCO form based on each set purpose code.

Training Resources: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Questions regarding this training email: ProviderTrainingFFS@azahcccs.gov

**How to Complete the 275 Attachment Page when using
Set Purpose Code 11 (Solicited)**

Browse to your file: (maximum file size limit 84MB) No file chosen

| | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---|
| Transaction Set Purpose Code | 11 - Response | * |
| Submitter Last or Organization Name | ENTER ORGANIZATION'S NAME | * |
| Provider Entity Type Qualifier | <input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2) | * |
| Provider Last or Organization Name | ENTER ORGANIZATION'S NAME | * |
| Provider First Name | | |
| Provider Primary Identifier Qualifier | XX - NPI | * |
| Provider Primary Identifier | ENTER PROVIDER NPI NUMBER | * |
| Provider Secondary Identifier | LEAVE THIS FIELD BLANK WHEN XX-NPI IS SELECTED | |
| Provider Address | 801 E. JEFFERSON | * |
| Provider City | PHOENIX | * |
| Provider State | AZ - Arizona | * |
| Provider Zip Code | 85034 | * |
| Patient Last Name | ENTER PATIENT'S LAST NAME | * |
| Patient First Name | ENTER PATIENT'S FIRST NAME | * |
| Patient Primary Identifier | ENTER THE MEMBER'S AHCCCS ID | * |
| Patient Control Number | ENTER THE PATIENT'S ACCOUNT NUMBER ASSIGNED BY YOUR OFFICE | * |
| Medical Record Identification Number | LEAVE THIS FIELD BLANK | |
| Claim Service Period Start Date | COMPLETE | * |
| Claim Service Period End Date | N/A | |
| Payer Claim Control Number or Provider Attachment Control Number | ENTER THE AHCCCS 12-DIGIT CRN / ICN | * |
| Claim Status Category Code | R4 - Documentation Request | * |
| Additional Information Request Code | 11503-0 | * |
| Code List Qualifier Code | LOI - LOINC Codes | * |

* - Required Fields

Click on the **Submit Attachment** tab to finalize the documentation submission process. Once the entire upload process is completed or finalized, you will receive the updated message ***"275 attachment file and details uploaded successfully!"*** at the top of the page.

How to Complete the 275 Attachment Page when using Set Purpose Code 02 (Unsolicited)

Browse to your file: (maximum file size limit 64MB) No file chosen

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|
| Transaction Set Purpose Code | 02 - Add | * |
| Submitter Last or Organization Name | ENTER ORGANIZATION'S NAME | * |
| Provider Entity Type Qualifier | <input type="radio"/> Person (1) <input checked="" type="radio"/> Non-Person Entity (2) | * |
| Provider Last or Organization Name | ENTER ORGANIZATION'S NAME | * |
| Provider First Name | | |
| Provider Primary Identifier Qualifier | XX - NPI | |
| Provider Primary Identifier | ENTER PROVIDER NPI NUMBER | |
| Provider Secondary Identifier | LEAVE THIS FIELD BLANK WHEN XX-NPI IS SELECTED | |
| Provider Address | ENTER YOUR ORGANIZATION'S ADDRESS | * |
| Provider City | ENTER THE CITY | * |
| Provider State | Select a value | * |
| Provider Zip Code | ENTER THE ZIP CODE | * |
| Patient Last Name | ENTER PATIENT'S LAST NAME | * |
| Patient First Name | ENTER PATIENT'S FIRST NAME | |
| Patient Primary Identifier | ENTER THE MEMBER'S AHCCCS ID | * |
| Patient Control Number | ENTER THE PATIENT'S ACCOUNT NUMBER ASSIGNED BY YOUR OFFICE | * |
| Medical Record Identification Number | LEAVE THIS FIELD BLANK | |
| Claim Service Period Start Date | COMPLETE  * | |
| Claim Service Period End Date | <input type="text"/>  | |
| Payer Claim Control Number or Provider Attachment Control Number | MUST ENTER THE SAME PWK NUMBER FROM THE CLAIMS ATTACHMENT TAB | * |
| Claim Status Category Code | Select a value | |
| Additional Information Request Code | Select a value | |
| Code List Qualifier Code | Select a value | |

* - Required Fields

Click on the **Submit Attachment** tab to finalize the documentation submission process.

Once the entire upload process is completed or finalized, you will receive the updated message ***"275 attachment file and details uploaded successfully!"*** at the top of the page.