ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

**AHCCCS Fee-for-Service
Prior Authorization Submission Training**

DFSM Provider Training
01/27/2026

Training Overview

- This training presentation is designed for the AHCCCS Fee-for-Service program. Programs include the American Indian Health Program (AIHP),   DD-THP, Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care programs for acute care services not authorized by the tribal case managers.

- Questions and requests for training by the DFSM provider training team, email Servicedesk@azahcccs.gov. Make sure to indicate Provider Training to route the training request to the appropriate team.

Training Topics

- How to complete an online PA request.

- Selecting the correct Event Type.

- How to verify if an authorization is required using the FFService PriorAuthorizationGuidelines.xlsx tool.

- Attach required documentation to the PA case for clinical review.

Fee-for-Service Prior Authorizations

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 Guide: The prior auth guide (PDF) is designed to help practices minimize the burdens caused by prior authorization and increase the efficiency of the process.

Fee-for-Service Prior Authorizations

- Prior authorization requests are reviewed on a case-by-case basis by our clinical staff. AHCCCS medical policies and clinical criteria are used in the review.
- AHCCCS Medical Policy Manual is available on the AHCCCS website for providers and are searchable by title and service type.
- Providers are notified by mail of the determination (approved, pending or denied).
- To view the status of the PA case in "real time", use the AHCCCS Online Provider portal and select Prior Authorization Inquiry.

Prior Authorization Is Not a Guarantee of Payment

Granting Prior Authorization (PA) does not guarantee payment. Reimbursement is based:

- ○ Accuracy of the information received with the original prior authorization request,

- ○ Service is substantiated through concurrent and/or medical review, and

- ○ 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.

PA Requirements for Members with Third Party Liability or Medicare Primary Coverage

Members who have a primary insurance with AHCCCS Medicaid as secondary payer, in some instances a prior authorization with AHCCCS may be required.

- Primary payer/TPL denied the service,
- Member's plan was active for some of the service dates,
- Member has Medicare Part B coverage only and the service is inpatient hospital,
- Benefits were exhausted by the primary insurer,
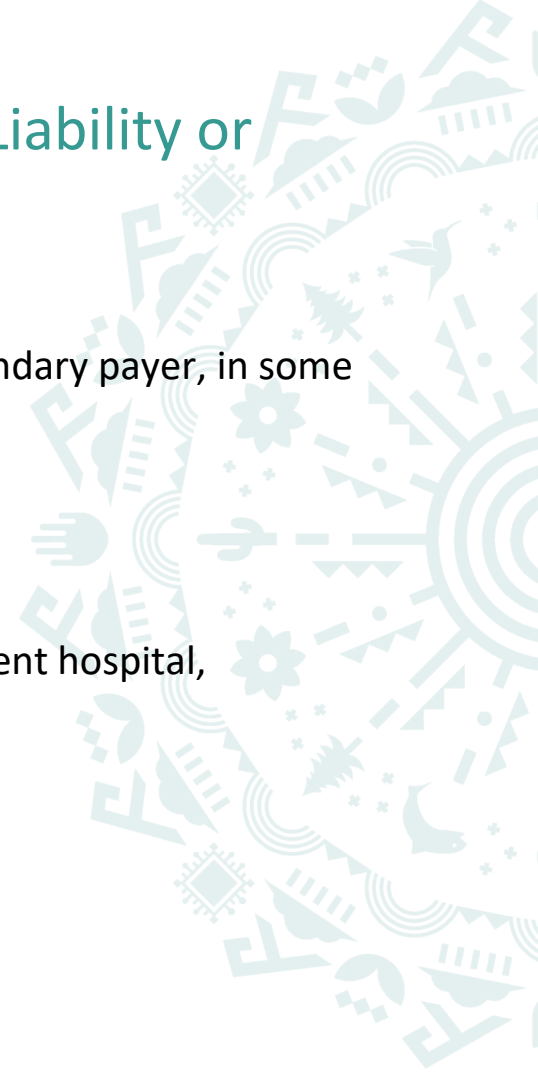
Prior Authorization Requirements

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

- The member's AHCCCS eligibility at time of service;
- 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 or another agency).

Getting Started

PA Inquiry Tab
PA Submission Tab

Getting Started!

- ✓ **Verify Member Eligibility:** Ensure the PA request is submitted to the correct health plan.
- ✓ **Confirm the service** requires a prior authorization.
- ✓ **PA Submission Information:** Relevant Revenue/CPT/HCPCS codes, diagnosis   (ICD-10), and documentation to support medical necessity.

  - **PA requests must be submitted e**lectronically using the AHCCCS Online Provider portal. A case number will be automatically generated and is step one of the process.

  - **Make sure to complete all** steps:

    - **(1) create the Case number,**

    - **(2) complete the Event type** and

    - **(3) complete the Activity details.**

  - **Track & Follow-Up**: Monitor the status online and respond to payer requests for more information.

  - **Receive Determination**: Get the approval (with an authorization number) or denial.

Benefits of Submitting Electronic PA Request

- Submitting a prior authorization online is secure, paperless and in "real-time",

- All PA requests and related documents are automatically linked to the correct PA case , provider ID and AHCCCS member ID,

- After you submit online, providers can

  - Check the status in "real time",

  - Upload additional documents for the PA request,

  - Communicate with the PA team
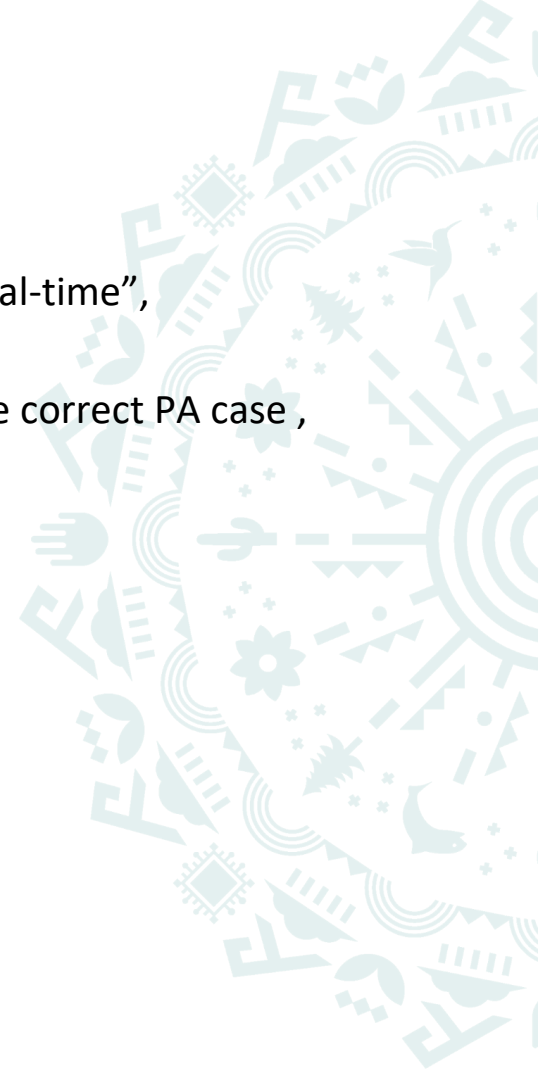
The PA Inquiry Tab Is Used To:

- Check the status of a previously submitted PA request,

- Inquiries can be performed by Case Number, AHCCCS Member ID
- or Provider ID.

- The related case, event and activity data related to the
- prior authorization will be displayed.

- Review **comments/notes** entered by the PA team,

- Updates or corrections to a case, CANNOT be initiated on the
- PA Inquiry tab.

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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

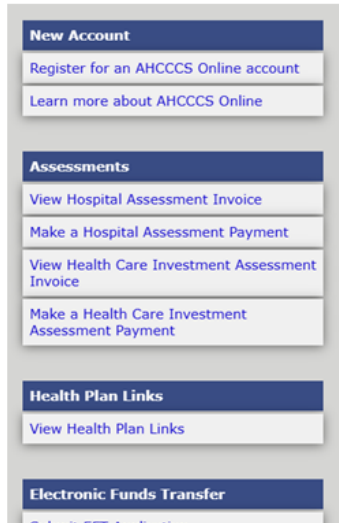Targeted Investments Program

Prior Authorization Submission Tab is used to:

Create the PA request- (1) Case creation, (2) Event type (3) Activity List to successfully submit your PA request,

Add additional sequences to an existing prior authorization,

Upload documents for clinical review using the "attachment" tool located on the Event tab,

Make changes or modifications to a PA case that is in a PEND status only.

PA cases that are in an Approved status, in order to request, make a change or update the case, the submitter must upload a completed copy of the Prior Authorization Correction form.

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Provider Verification
Targeted Investments Program

Prior Authorizations

- **Prior Authorization Submission tab:**
  - Allows providers to submit requests for services. The Case, Event and Activity data tabs must be completed in full to successfully submit a PA request.

- **When PA Changes Can Be Made:**
  - Providers may only make an update or change to an existing PA case when the case is in a **PEND** status.

- Prior Authorization Submission is the only option for providers to select to submit a PA request.

Menu

AIMH Services Program

Claim Status

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DFSM Prior Authorization Submission Guidelines

AHCCCS Online Provider Portal - Log In

- Always go to https://ao.azahcccs.gov/Account/Login.aspx (add this as a "Favorite" or "Bookmark" in your internet browser)

- Passwords are case-sensitive. After 3 failed login attempts within a 15-minute period, your account will be locked. If locked, you will either need to contact **your** Master Account holder to unlock your account or use the Password Recovery feature.
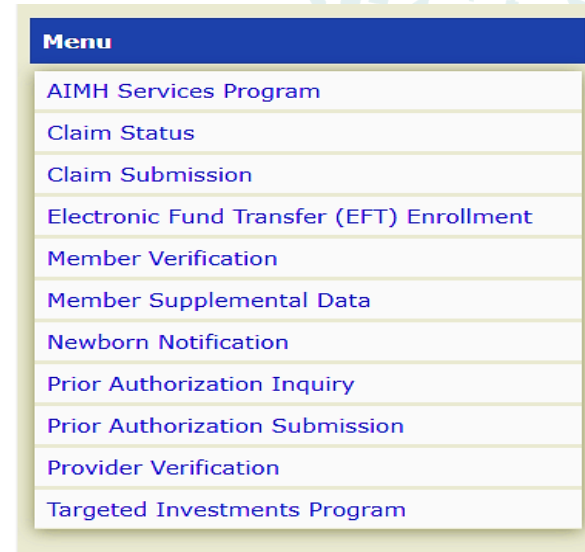
- **Second level verification:** AHCCCS partnered with ID.me to provide secure identity verification and login services to its users. Providers are required to use ID.me to access the AHCCCS Online portal.

AHCCCS Sign-In

1. Login to AHCCCS Online Portal
2. Enter your username and Password
3. Select Sign In

The Prior Authorization Submission tool is located under the **Menu** tab

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.

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

Submitting A Fee-for-Service
Prior Authorization Request

Submitting a Prior Authorization Request

There are three steps to take to submit a
Prior Authorization request.

1 PA Case Creation

2 Event List

3 Activity List
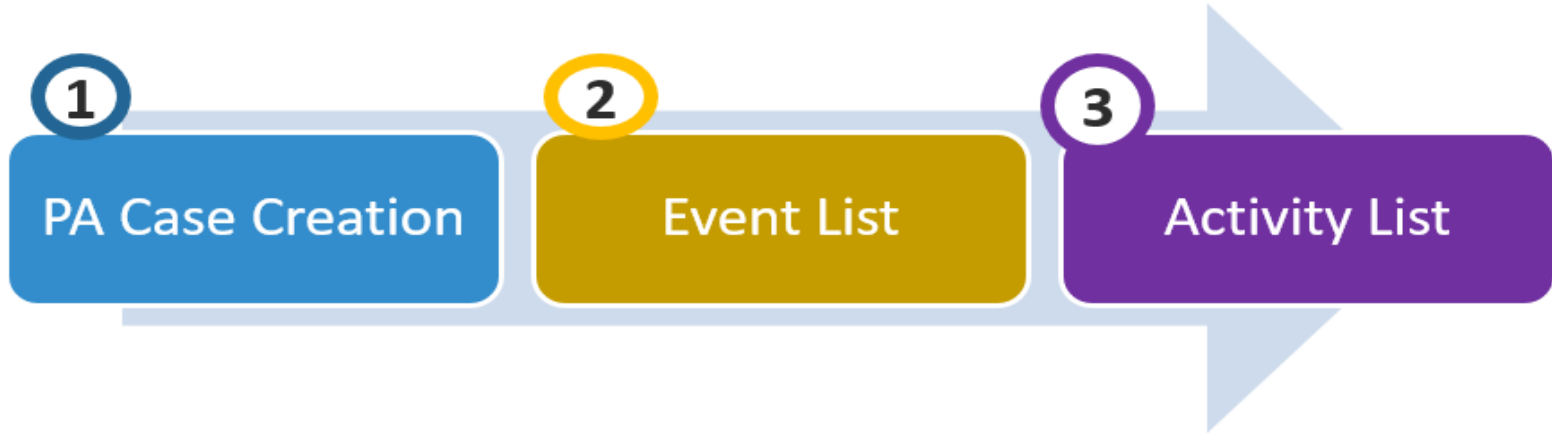
What Information Is Needed!

1. AHCCCS Member ID number.
2. Service / Rendering provider ID number.
3. Begin and End date(s) of service.
4. ICD-10 Diagnosis Code.
5. CPT / HCPCS/Revenue codes.
6. Total Units for each code
7. Modifier (if applicable).

There are three steps to create and submit a Prior Authorization request.

Case Search – Verify if a current authorization exists for the member, provider, Code and date of service.

1. Case List – Create the Case or PA number.
2. Event List – Identify the type of authorization request.
3. Activity List – Enter the CPT/HCPCS/Revenue code.

The PA Recipient/ Case Search page will open.

Complete the fields listed in the guide box below. After completing the required fields, select the Search button.

Prior Authorization Search

PA Recipient/Case Search

* Indicates a required field.

Search System: Default set to ACUTE	
Search By: AHCCCS ID / Provider / Case Number	
AHCCCS ID: Enter the Member AHCCCS ID	
Service Provider ID: Click the down arrow and select the NPI or 6 digit provider ID No.	
Enter the Begin and End Date of Service:	

Search System:* ACUTE

Search By:* AHCCCS ID

AHCCCS ID:* A12345678   (Ex. A12345678)

Service Provider ID:* --- SELECT---

Begin Date Of Service: 01/01/2021   (Format: MM/DD/YYYY)

End Date Of Service: 01/01/2021   (Format: MM/DD/YYYY)

Search   Clear

The **Case List** page will open. If there are no case details that match your search criteria, the message **"No Records Found"** will appear, from here Click the **"Add New Case"** tab to create a new 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.
NOTE: Approved PA cases cannot be updated online.

Service provider

Provider ID: XXXXXX   **Provider Name:** NEMT TEST   **NPI: 1234567890**

Search Dates

Begin Date: 01/01/2021   **End Date:** 01/01/2021

Case List

No Records Found.

Add New Case

In the **Enter Case Information** box, there are only three fields to complete, the **Begin Date, End Date and Description** fields.

Add New Case

PA Case Search | Case List | Event List | Activity List |

Service provider

Provider ID: XXXXXX   Provider Name: NEMT TEST   NPI: 1234567890

Enter Case Information

* Indicates a required field.

The AHCCCS ID, Service Provider ID, Provider Contact Name and Provider Phone number auto populate from the previous page and no action is required.

AHCCCS ID:* A12345678
Service Provider ID:* 007835
Provider Contact Name:* Training Provider
Contact Phone Number:* 602-417-4000
Effective Begin Date:* 01/01/2021
Effective End Date:* 01/01/2021
Description:* surgery

[Next] [Clear]

You must complete the Begin Date, End Date and Description fields, then click the **Next** button.

At the end of each step the "**Verify Information**" page will present. Review the action steps listed in the guide box below.

Add New Case

Service provider

Provider ID: 007835   Provider Name: NEMT TEST   NPI:

Verify Case Information

AHCCCS ID: A12345678
Provider ID: 007835
Service Provider NPI:
Provider Contact Name: Training Provider
Contact Phone Number: 602-417-4000
Effective Begin Date: 01/01/2021
Effective End Date: 12/31/2021
Description: surgery

Submit   Edit

Important: The online provider portal is set up to auto populate the end date field to reflect the end of the current year. However, on the Event List tab you will be able to enter the exact dates of services for the PA request.

If the Case 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.

Now you are ready to proceed to the next step, completing the **"Event List".**

You have created the **PA Case No. shown at the a**t the bottom left of the page.　　Click on the
PA Case No to proceed to the　**Event 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.
NOTE: Approved PA cases cannot be updated online.

Service provider

Provider ID: XXXXXX   **Provider Name:** NEMT TEST   **NPI:** 1234567890

Search Dates

Begin Date: 01/01/2021   **End Date:** 01/01/2021

Case List
Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000099	A12345678	01/01/2021	12/31/2021	PENDED	PRIOR AUTHORIZATION	SURGERY	Update

Add New Case

The Event List page opens. If there are no Event details that match your criteria, the message "No Records Found" will appear. Select the Add New Event tab to enter the new event details.

The Enter Event Information page will open. The first field to complete is the **Event Type** field. The event type identifies the service type for the PA request. Click the down arrow and select the appropriate event type from the list. Complete all fields that have a "red asterisk".

On the Enter Event Information field complete the Begin and End Date, Diagnosis Code and Description fields. For inpatient hospital admits, also complete the Admit and Discharge date fields.

Add New Event

PA Case Search | Case List | Event List | Activity List

Service provider

Provider ID: XXXXXX   Provider Name: NEMT TEST   NPI: 1234567890

Recipient

AHCCCS ID: A12345678   Name: DOB: Gender:
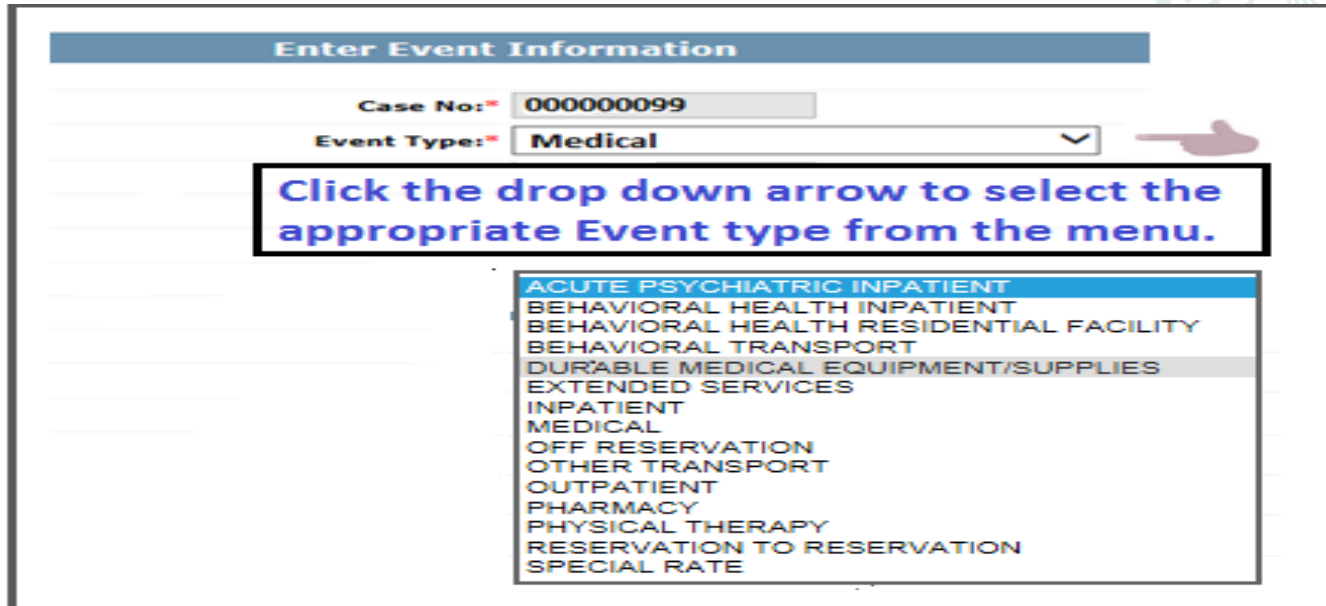
Case Detail

Case No: 000000099   Begin Date: 01/01/2021   End Date: 12/31/2021   Status: PENDED

Enter Event Information

* Indicates a required field.

Case No:*	000000099
Event Type:*	Medical
Recipient AHCCCS ID:*	A00261838
Provider Contact Name:*	Training Provider
Contact Phone Number:*	602-417-4000
Requested Begin Date:*	01/01/2021
Requested End Date:*	01/01/2021
Admit Date:	
Discharge Date:	
Diagnosis Code:*	M34 . 195
Description:	

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

On the Event page, you must complete the Begin Date, End Date and Diagnosis Code fields, then click **Next tab.**

If the PA request is for an Inpatient Facility stay, the Admit and Discharge Date fields must also be completed.

Next   Clear

On the Event List page, you can also Read comments entered by the PA team. Click the Plus sign (+) next to "Read Notes" to open the dialogue box. Additional options on this page include Update and the Attachments tool.

On the Enter Activity Information screen complete the fields with a "Red Asterisk" in the boxes below. Click the Next tab to proceed to the Verify Activity page.

Verify Activity Information page - If the Activity List information is correct, Click the Submit button. If a correction is needed, click the Edit button, correct the fields, next Click the Update / Submit button to accept the new changes.

How to Add Additional Activities

Event Detail

Sequence No: 01 **Srv Begin Date:** 03/27/2020 **Srv End Date:** 03/30/2020 **Status:** PENDED

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	PENDED	PH009	175.0500	Update

Add New Activity

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

Prior Authorization is Complete

ACTIVITY LIST COMPLETED

- The phrase "Transaction Succeeded" will appear indicating that a new activity list for the member was added.

- The Case number will appear under the Activity List.

- If you want to add additional activities to the same Event, you can add multiple activities by clicking the Add button.

Prior Authorization

Attachment Instructions

Prior Authorization Attachment Instructions

1. On the Attachments tab, **click the Request Type** and select the PA type, ie BP, OT, DME, NEMT, etc.

2. In the **Browser**, select the document or documents you want to attach to the case from your device.

3. After selecting the document(s), click the Upload Attachment button to begin the upload process.

4. The docs will show in the **"Pending Attachments"** field.

5. **Important Next Step** - select the submit button again to move the files to the "**Submitted Attachments** column. This will finalize the upload process, and the files are now available for viewing by the PA team.

Upload Attachment Screen View

Attachments

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: [▼]   **Select file to upload:** [   ] [Browse...]   [Upload Attachment]

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

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	*** NO SUBMITTED ATTACHMENT(S) FOUND ***

AHCCCS

Attachments

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

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

Request Type:

Select file to upload: [   ] Browse... Upload Attachment

- 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
- WM TRBHA

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

Attachments
*** TTACHMENT(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		Submitted Attachments
Transport.docx	❌	*** NO SUBMITTED ATTACHMENT(S) FOUND ***

[Submit]

Prior Authorization
How to View Notes

The Event List page houses the notes entered by the PA team. Click on the Plus sign (+) to read the notes.

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:** 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**

No unread notes for this event

⊞ **Read notes for Seq=01**

Add New Event

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

Division of Fee-for-Service
Provider Education and Training

Provider Education and Training

- AHCCCS Fee-for-Service provider training focuses on claim submissions, prior authorization, Submission of documentation using the Electronic Data to attach any required documentation to the claim for review, AHCCCS FFS policies and resources on the Provider Online portal.

- 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.