



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.

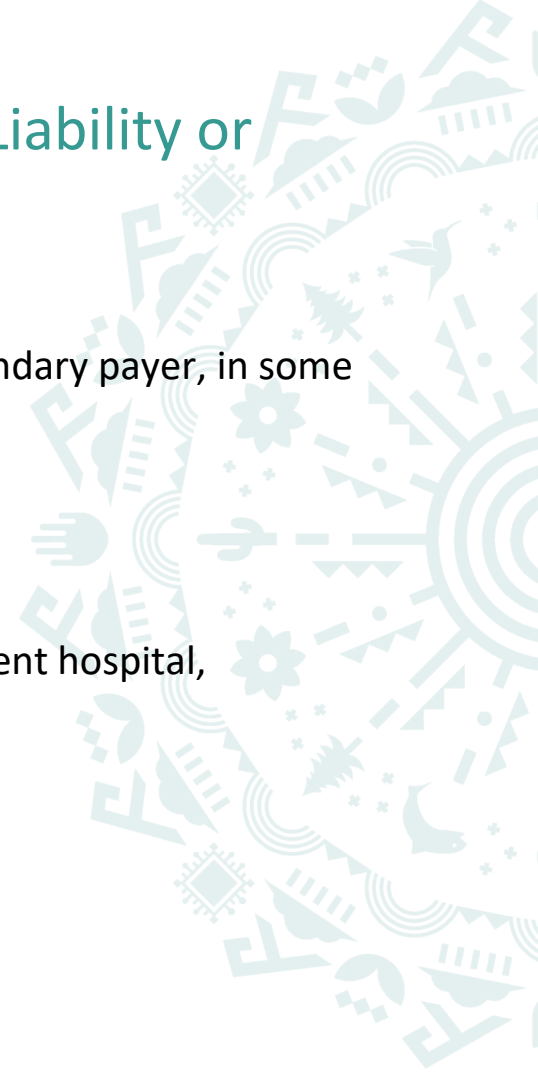
In addition, the claim must meet all AHCCCS criteria including, but not limited to, clean claim and timely filing requirements.

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

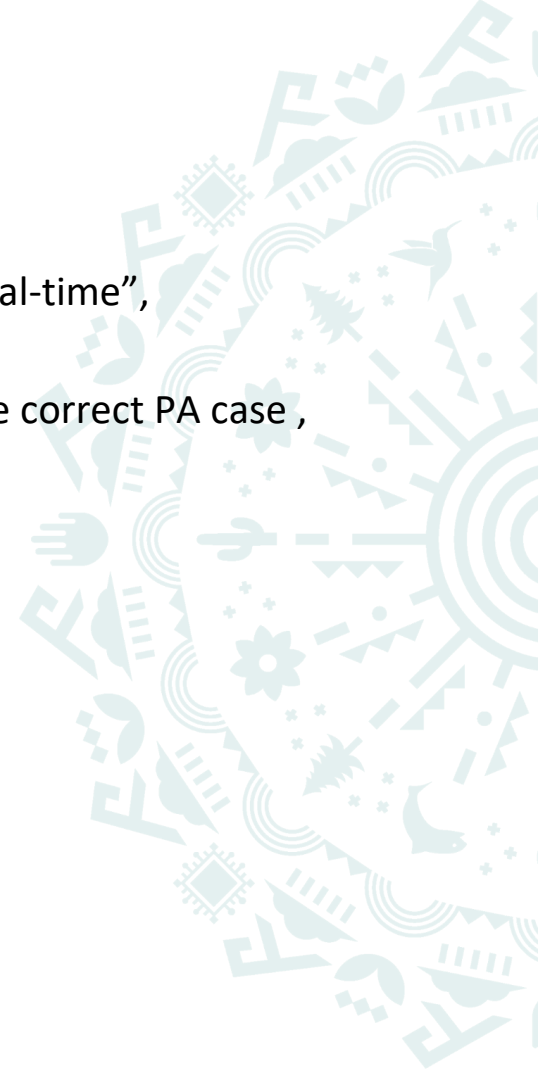


Getting Started!

- ✓ **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** electronically 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.

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 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.

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 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
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DFSM Prior Authorization Submission Guidelines



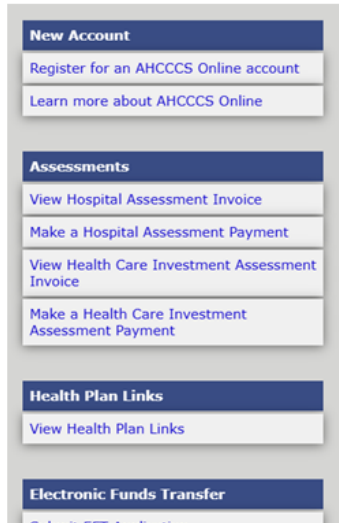
AHCCCS Online Provider Portal - Log In

- 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

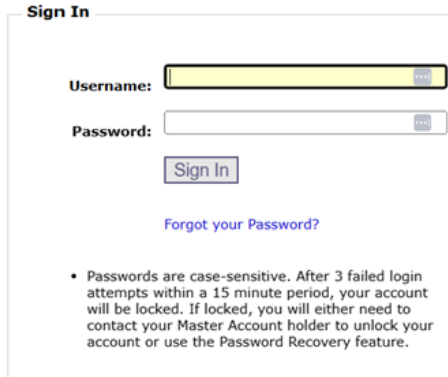
The Prior Authorization Submission tool is located under the **Menu** tab



A vertical navigation menu with four main sections: 'New Account', 'Assessments', 'Health Plan Links', and 'Electronic Funds Transfer'. Each section has a blue header and a white button below it.

- New Account**
 - Register for an AHCCCS Online account
 - Learn more about AHCCCS Online
- Assessments**
 - View Hospital Assessment Invoice
 - Make a Hospital Assessment Payment
 - View Health Care Investment Assessment Invoice
 - Make a Health Care Investment Assessment Payment
- Health Plan Links**
 - View Health Plan Links
- Electronic Funds Transfer**
 - Submit EFT Application

Thank you for visiting AHCCCS Online.



A sign-in form titled 'Sign In' with fields for 'Username' and 'Password', a 'Sign In' button, and a 'Forgot your Password?' link. A note at the bottom states: '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.'

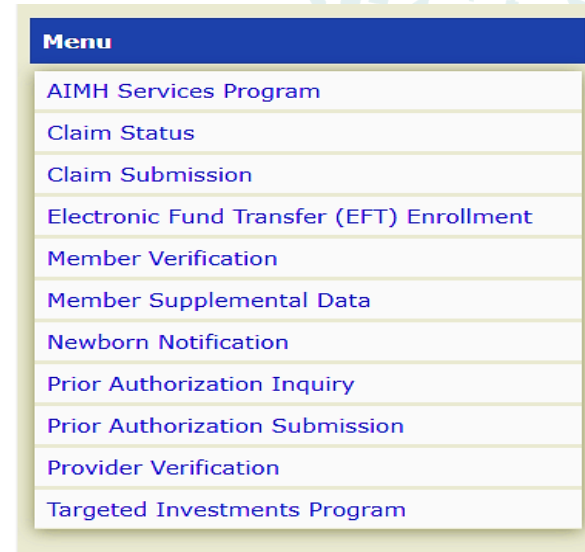
Sign In

Username:

Password:

[Forgot your Password?](#)

• 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.



A vertical list of menu items under a blue 'Menu' header. The items are: 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, and Targeted Investments Program.

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

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.

[Main](#) | [FAQ](#) | [Terms Of Use](#) | [LogOut](#) |

Menu

- ALMH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission**
- Provider Verification
- Provider Re-Enrollment/Revalidation
- Targeted Investments Program

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$100.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted P&M).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

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

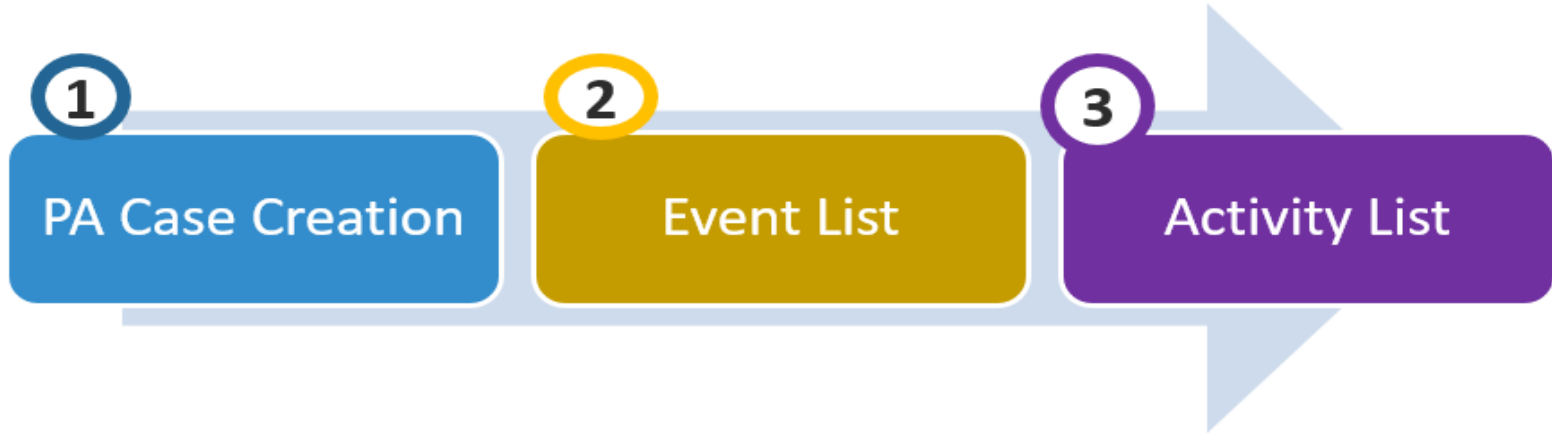
Prior Authorization Submission

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.



What Information Is Needed!

What information do you need to complete the Prior Authorization Request?

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

PA Case SearchCase ListEvent List | Activity 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: XXXXXXProvider Name: NEMT TESTNPI: 1234567890

Search Dates

Begin Date: 01/01/2021End 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

[PA Case Search](#) **[Case List](#)** [Event List](#) | [Activity List](#)

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

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 bottom left of the page.
PA Case No to proceed to the **Event List screen.**

Click on the

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 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.

Event ListPA Case Search | Case List | Event List | Activity 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: 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

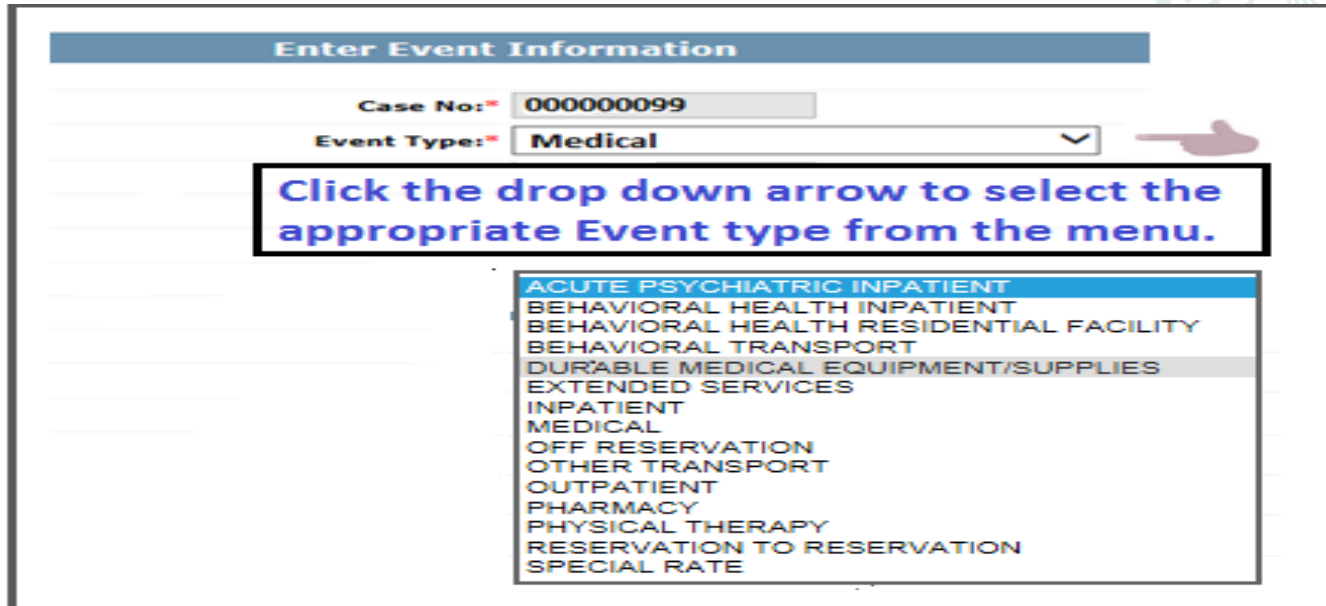
Event List

No Records Found.



Add New Event

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”.



The screenshot shows a web form titled "Enter Event Information". It contains two input fields: "Case No:" with the value "000000099" and "Event Type:" with the value "Medical". A callout box with a black border and blue text points to the dropdown arrow of the "Event Type" field, stating: "Click the drop down arrow to select the appropriate Event type from the menu." Below the callout, a dropdown menu is open, displaying a list of event types. The list includes: ACUTE PSYCHIATRIC INPATIENT, BEHAVIORAL HEALTH INPATIENT, BEHAVIORAL HEALTH RESIDENTIAL FACILITY, BEHAVIORAL TRANSPORT, DURABLE MEDICAL EQUIPMENT/SUPPLIES (highlighted), EXTENDED SERVICES, INPATIENT, MEDICAL, OFF RESERVATION, OTHER TRANSPORT, OUTPATIENT, PHARMACY, PHYSICAL THERAPY, RESERVATION TO RESERVATION, and SPECIAL RATE.

Enter Event Information

Case No:* 000000099

Event Type:* Medical

Click the drop down arrow to select the appropriate Event type from the menu.

- ACUTE PSYCHIATRIC INPATIENT
- BEHAVIORAL HEALTH INPATIENT
- BEHAVIORAL HEALTH RESIDENTIAL FACILITY
- BEHAVIORAL TRANSPORT
- DURABLE MEDICAL EQUIPMENT/SUPPLIES
- EXTENDED SERVICES
- INPATIENT
- MEDICAL
- OFF RESERVATION
- OTHER TRANSPORT
- OUTPATIENT
- PHARMACY
- PHYSICAL THERAPY
- RESERVATION TO RESERVATION
- SPECIAL RATE

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

Provider ID: XXXXXX		Service provider	
Provider Name: NEMT TEST		NPI: 1234567890	
AHCCCS ID: A12345678	Name:	Recipient 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:		

 **Next** Clear

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.

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 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.

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity 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	Update	Attachments
01	MD	01/01/2021	01/01/2021		PENED	PH009	M12.349		
<div><input type="checkbox"/> Unread notes for Seq=01</div> <div><input checked="" type="checkbox"/> Read notes for Seq=01</div> <div>No unread notes for this event</div>									

Add New Event

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

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.

[Add New Activity](#)

PA Case Search | [Case List](#) | [Event List](#) | [Activity List](#)

Service provider

Provider ID: 123456

Provider Name: NEMT TEST

NPI:

Enter Activity Information

* Indicates a required field.

Case Number: *

000865008

Provider Contact Name: *

Training Provider

Contact Phone Number: *

602-417-4000

Sequence Number: *

01

Activity Type: *

HCPCS

Activity Code: *

28208

Modifier:

Allowed Units: *

3

Note:

Next

Clear

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.

Add New Activity[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#)

Provider ID: 123456		Service provider		NPI:	
Provider Name:					
AHCCCS ID: A12345678		Name:		DOB:	
		Gender:			
Case No: 000000099		Begin Date:		Case Detail	
		End Date:		Status: PENDING	
Sequence No: 01		Srv Begin Date: 01/01/2021		Event Detail	
		Srv End Date: 01/01/2021		Status: PENDING	

Verify Activity Information
Case Number: 000000099
Provider Contact Name:
Contact Phone Number: 602-417-4000
Sequence Number: 01
Activity Type: HCPCS
Activity Code: 28208
Modifier:
Allowed Units: 3
Note:
Submit **EDIT**

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

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

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:

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

Pending Attachments

*** NO PENDING ATTACHMENT(S) FOUND ***

Submitted Attachments

*** NO SUBMITTED ATTACHMENT(S) FOUND ***



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:	<input type="button" value="Browse..."/>	<input type="button" value="Upload Attachment"/>				
<div><div>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</div></div>	<div>Max File Size: 10MB Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png</div> <table><tr><th>g Attachments</th><th>Submitted Attachments</th></tr><tr><td>ATTACHMENT(S) FOUND ***</td><td>*** NO SUBMITTED ATTACHMENT(S) FOUND ***</td></tr></table>			g Attachments	Submitted Attachments	ATTACHMENT(S) FOUND ***	*** NO SUBMITTED ATTACHMENT(S) FOUND ***
g Attachments	Submitted Attachments						
ATTACHMENT(S) FOUND ***	*** 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

Transport.docx



Submitted Attachments

*** 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

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

