



# AHCCCS Claim Form Types

## CMS 1500, UB-04 and ADA Dental

July 2023

# Claim Forms

There are three types of paper claim forms accepted by AHCCCS:

- The UB-04 Claim Form for Institutional Claims
- The CMS 1500 Claim Form for Professional
- The ADA 2012 Claim Form for Dental Claims

**UB-04 Claim  
Form Example**





# What is the difference?

## Type of Claim Forms

**What is the CMS 1500 Claim Form?** The CMS-1500 form is the standard claim form used by a non-institutional providers. AHCCCS only accepts the official red and white paper version. Providers can also submit the 837P which is electronic version of the 1500 claim form.

**What is the UB-04 Claim Form?** The UB-04 claim form is approved by (CMS) and the National Uniform Billing Committee (NUBC) for inpatient and outpatient paper claims billing. Providers can also submit the 837I which is the electronic version of the UB-04 claim form.

**What is the ADA Dental Claim Form?** The ADA Dental Claim Form is used to report dental services performed by a dentist.

# Use of the UB-04 by IHS/638 and FFS Providers

## Billing the All-Inclusive Rate on a UB-04 Claim Form (IHS/638 Providers)

- **Codes:** Standard revenue codes (0510-0519)
- **Reimbursement Rate:** AIR
- **Note:** IHS/638 providers are not required to submit CPT/HCPCS codes with the revenue code on the claim form.

## Billing on a UB-04 Claim Form (FFS Providers)

- **Codes:** All applicable Revenue Codes, CPT/HCPCS codes and modifiers
- **Reimbursement Rate:** Capped FFS rate or DRG.
- **Note:** FFS Providers must include the revenue code and all applicable CPT/HCPCS codes and (when needed) modifiers to receive the correct reimbursement.

# Use of the CMS 1500 by IHS/638 and FFS Providers

## Billing on a CMS 1500 Claim Form (IHS/638 Providers)

- **Codes:** CPT/HCPCS codes and modifiers
- **Reimbursement Rate:** Capped FFS Rate
- **Note:** IHS/638 providers use the CMS 1500 Claim Form for KidsCare Outpatient Services, individual practitioner services, and outpatient services that cannot be billed at the AIR. (Including all services listed under the FFS provider section)

## Billing on a CMS 1500 Claim Form (FFS Providers)

- **Codes:** CPT/HCPCS codes and modifiers
- **Reimbursement Rate:** Capped FFS Rate
- **Note:** Emergency and non-emergency transportation services, FQHC services, ambulatory surgical centers, independent laboratories, durable medical equipment, individual practitioner services, and KidsCare outpatient services.

# Examples of Provider Types that bill using the UB-04 (Institutional)

Provider types that can submit their services using the UB-04 claim form include:

- Free-Standing Dialysis Facility (41)
- Free-Standing Birthing Center
- Hospitals (02)
- Hospice Facility (35)
- IHS/638 Hospitals (02)
- Skilled Nursing Facility (22)

# Some examples of provider types that bill using the CMS 1500 (Professional)

Provider types that can submit their services using the CMS 1500 claim form include:

- Emergency Transportation (06)
- Assisted Living Facilities (36)
- Treat & Refer Providers (TR)
- Ambulatory Surgery Centers ( 43)
- Durable Medical Equipment Suppliers (30)
- Federally Qualified Health Centers (FQHC) and (C2) Community Rural Health Centers (RHC) (29)
- Home Attendant Care Agencies (40) and Home Health Agencies (23)
- NEMT (28)
- Medical Practitioners, Anesthesiologist, Physician Assistants, Physical, Speech and Occupational Therapists, Pathology, Laboratory, and Radiology



# Examples of Mental Health Provider types that bill using the CMS 1500 Claim FORM

Provider types that can submit their services using the CMS 1500 claim form include:

- Behavioral Health Outpatient Clinic (77)
- Behavioral Health Residential Facility (B8)

# Provider Type that billing using the ADA Dental Claim Form

Provider types that can submit their services using the ADA 2012 claim form include:

- Dentists (07) (including dental anesthesiology services)



# DFSM Provider Education and Training Unit

# 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](mailto: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](mailto:FFSRates@azahcccs.gov)
- Questions on AHCCCS Coding email: [CodingPolicyQuestions@azahcccs.gov](mailto: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](mailto: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](mailto:ahcccsfinanceeft@azahcccs.gov)

Questions related to electronic transactions or to request an ERA transaction setup email [servicedesk@azahcccs.gov](mailto: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/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

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

Thank You.