





Paper Claim Submission Requirements

CMS 1500, UB-04, and the ADA 2012 Claim Form Tips

July 2023

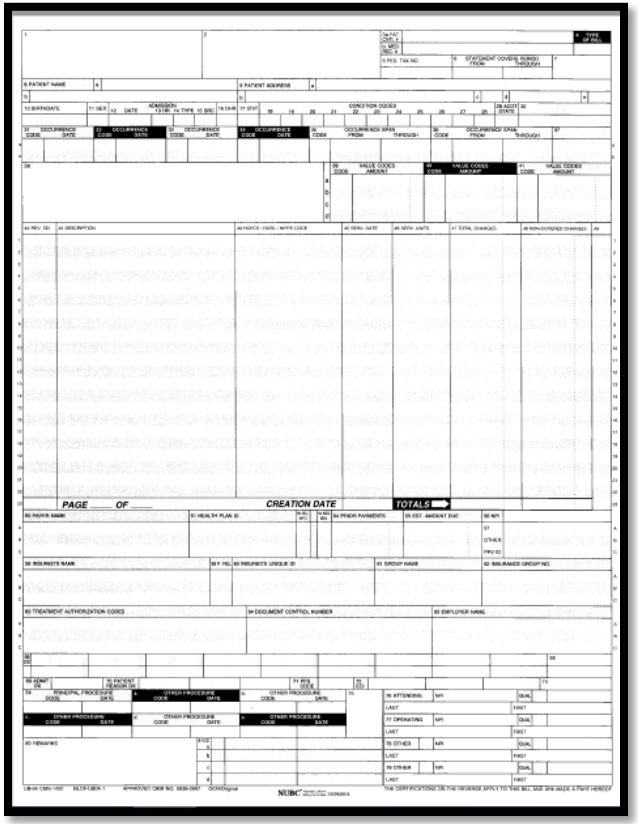
AHCCCS
Arizona Health Care Cost Containment System

Claim Forms

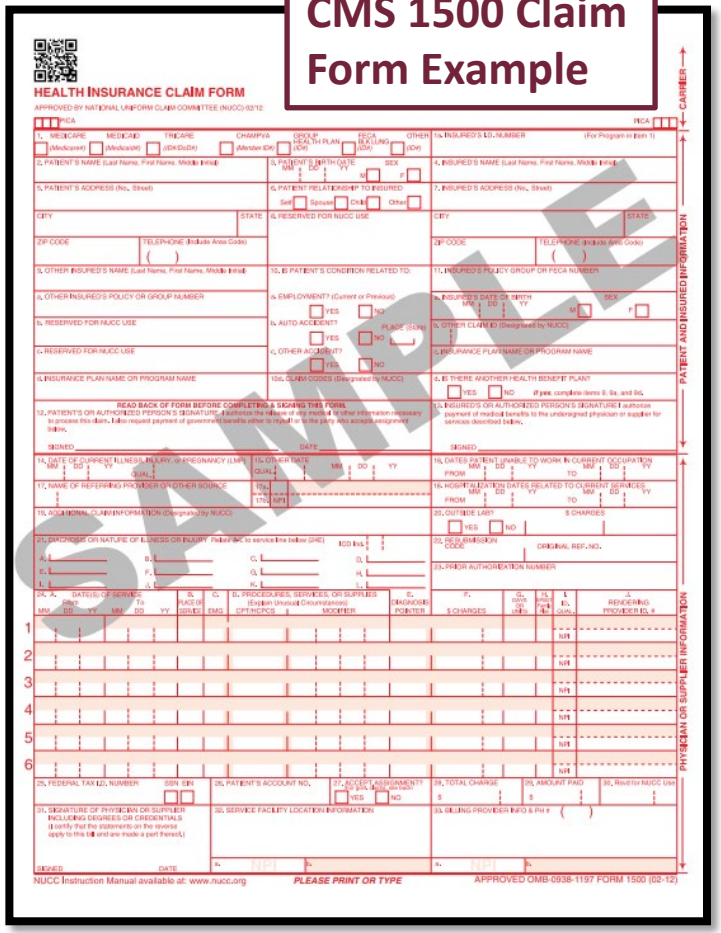
There are three types of paper claim forms accepted by AHCCCS:

- 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



CMS 1500 Claim Form Example

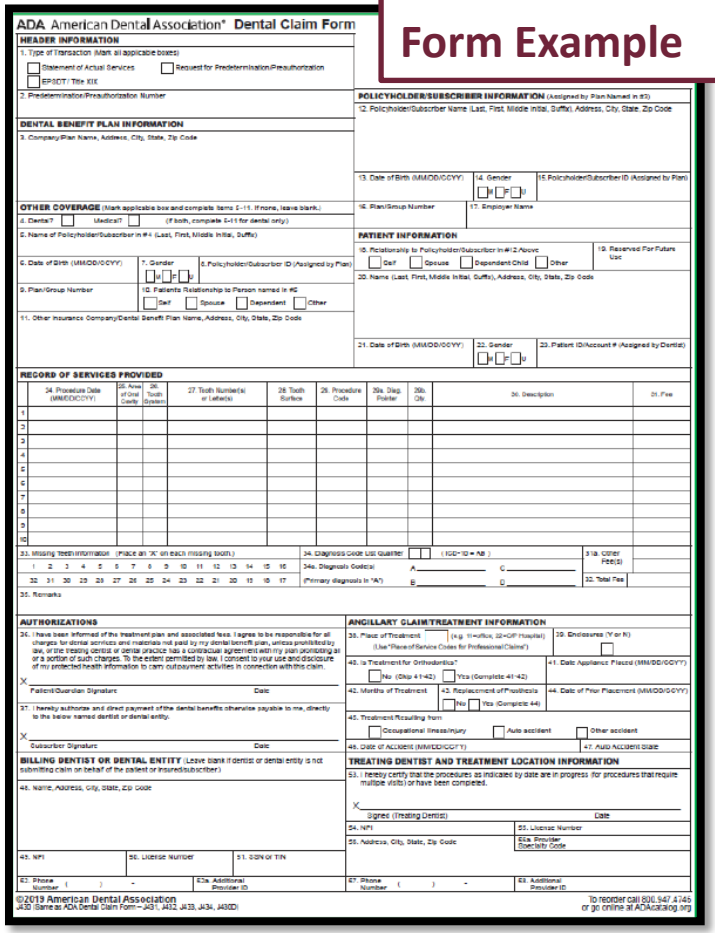


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SAMPLE

ADA 2012 Claim Form Example



ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

DENTAL BENEFIT PLAN INFORMATION

OTHER COVERAGE

POLICYHOLDER/SUBSCRIBER INFORMATION

PATIENT INFORMATION

RECORD OF SERVICES PROVIDED

AUTHORIZATIONS

ANCILLARY CLAIM/TREATMENT INFORMATION

BILLING DENTIST OR DENTAL ENTITY

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

General Information

Claims for services must be submitted to the AHCCCS Administration on the correct claim form for the type of service being billed.

- NOTE: The preferred method of claims submission remains the ***HIPAA-compliant 837D transaction process***.
- If a provider is not set up to perform the 837D transaction process, then submission of a claim via the AHCCCS Online Provider Portal is the preferred method of claim submission.

For information on how to submit claims using the HIPAA-compliant 837D transaction process or via the AHCCCS Online Provider Portal please refer to Chapter 4, General Billing Rules, of the Fee-For-Service Provider Billing Manual and the appropriate implementation guides.

Basic Formatting for All Claim Form Types

To ensure the successful processing of a paper claim form:

- The printed information **must be aligned correctly** with the appropriate section/box on the form. If a claim is not aligned correctly, it may cause the OCR system to read the data incorrectly and the claim will reject.
- The preferred font for claims submission is **Lucinda Console** and the **preferred font size is 10**.
- Paper claims or copies that contain highlighter or color marks, copy overexposure marks, or dark edges are not legible on the imaging system.
- Liquid paper correction fluid ("White Out") may not be used. Correction tape may not be used.
- Original claim forms **must be used** for any paper claims submitted to AHCCCS.
    - NOTE: The OCR system **cannot read "copies"** that are made from the original claim form.

Stamps

To ensure the successful processing of a paper claim form:

- Claim forms with labels and stamps will not be accepted, as that is considered an alteration of the claim.
  - **NOTE:** The only exception to this is in regards to stamped provider signatures. Stamped provider signatures will be accepted only in certain fields as shown below:
    - CMS-1500 - Field 31
    - UB-04 - Field 53
    - ADA 2012 - Field 53

Multiple Pages

To ensure the successful processing of a paper claim form with ***multiple pages:***

- Please do not submit double-sided, multiple page claims. Each claim page must be submitted on a separate piece of paper, with the pages numbered (e.g., 1 of 3, 2 of 3, 3 of 3, etc.).
- To ensure that all pages of a multiple-page claim are processed as a single claim, the pages must be numbered.
- Keep all pages together, back-to-back. All pages should be paper-clipped or rubber-banded together. ***Do not staple.***
- Totals should not be carried forward onto each page, and each page can be treated as a single page. ***The total should be entered on the last page only.***

Multiple Pages

To ensure the successful processing of a paper claim form with ***multiple pages (continued):***

- All service lines must be completed on the first page before proceeding to the second page of the claim. All lines on page 1 **must** be filled in, prior to proceeding to the second page of the claim form.
  - CMS 1500 - All lines (1-6) under field 24 (A-J)
  - UB-04 - All lines (1-22) under fields 42-48
  - ADA 2012 - All lines (1-10) under fields 24-31
- Please note that only the required fields on all lines will need to be filled in.

Resubmitting Paper Claims

AHCCCS retains a permanent electronic image of all paper claims submitted, in accordance with state retention record requirements, ***requiring providers to file clear and legible claim forms.***

Claims for services must be legible and submitted on the correct claim form (UB-04, CMS 1500, or ADA 2012) for the type of service(s) billed.

Claims that are not legible or that are not submitted on the correct form will be returned to providers without being processed.

- If a claim is returned, you must resubmit the claim on the correct type of claim form, submit it within the required time frame (following timely filing guidelines) and ensure that it is legible.

Resubmitting Paper Claims

A resubmitted claim form cannot be a black and white copy of the previously submitted claim.

- For example, when using the CMS 1500 Claim Form, the resubmitted claim form must be submitted on a new, red claim form.

Documentation is required when resubmitting claims, even if the documentation was submitted with an earlier version of the claim and the claim number is referenced on the resubmitted claim. **Documentation must be resubmitted.**

- Each claims must stand on its own, as the system is unable to pull documentation from a previously submitted claim. Any documentation submitted with a claim is imaged and linked to the claim.

Resources for Paper Claim Submission

Chapter 4, General Billing Rules, of the IHS/Tribal Provider Billing Manual:

- https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap04GenBillRules.pdf

Chapter 5, Claim Form Requirements, of the IHS/Tribal Provider Billing Manual:

- https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap05ClmFormRequire.pdf

Claims Clues articles can be found on the AHCCCS website at:

- https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html


DFSM Provider Education and Training Unit

AHCCCS
Arizona Health Care Cost Containment System

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**

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**
- Questions on AHCCCS Coding email: **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 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

Questions related to electronic transactions or to request an ERA transaction setup email 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/IHStriballbillingManual.html

AHCCCS Medical Policy Manual

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

Thank You.