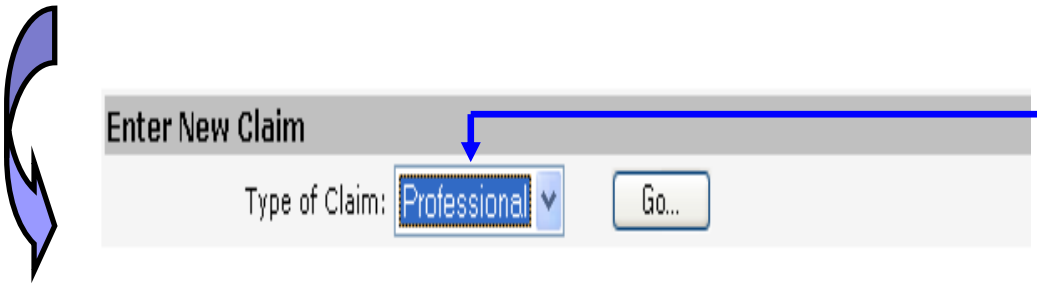
AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 4.a:

Professional (1500)

Arizona Health Care
Cost Containment System

Claim Submission



In this example Professional (CMS 1500) was chosen

Once you have made your choice, click on the <u>Go button</u>

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Address https://azwebtst.statemedicaid.us/ClaimSubmission/Professional-1.asp Go Links

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Arizona Health Care
Cost Containment System

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- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- **Claim Submission**
- Provider Verification

Account Information
- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.113
- AHCCCS Provider ID:
- User Account

Professional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name
123456			Find...

Note:

As of March 1, 2008, the NPI ID number will be required if applicable

Here you will enter your

AHCCCS Service Provider ID

Then click the

Find Button

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.113
- AHCCCS Provider ID:
- User Account

Professional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01 Find...	Doe/Jane A.	PSYCHOLOGIST

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678 Find...			

Enter the Member's AHCCCS ID number

Then click the **Find** Button

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na Health Care Cost
HIGH ASSURANCE SSL
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Address https://azwebtst.statemedicaid.us/ClaimSubmission/Professional-1.asp

Arizona Health Care Cost Containment System

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Account Information
- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.66
- National Provider ID:
- User Account

Professional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01 Find...	Doe,/Jane A	Psychologist

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678 Find...	Smith, Jane	07/08/1992	F

Submission Reason	Original Reference Number	Is Patient's Condition Related To: Employment?	Auto Accident?		Other Accident?
Original		Yes No	Yes No	Place (State)	Yes No

Prior Authorization Number	Patient's Account Number	Date of Current Illness/Injury/Pregnancy	Hospitalization Dates Related to Current Services From	To
	123456789			

Referring Provider Provider ID	National Provider ID (NPI)	Billing Provider Tax ID	National Provider ID (NPI)	Provider ID
		599999999	1234567890	654321

Enter the Patient's account #

Enter the AHCCCS Billing or the Group Provider ID here

Enter the Billing or the Group Provider Tax ID here

Enter the Billing or the Group NPI-ID here

< Previous Next >

Then click the **Find** Button.

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CONFIRMED SECURE WEB SITE CLICK TO VERIFY FEB 7 2008 15:26:51

NOTE:

There are built-in edits that won't allow claim entry to continue until required fields are completed. If a required field is bland, an edit message will appear asking for the information. When the edit message is clicked, the cursor will go to the field that requires the information

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File Edit View Favorites Tools Help

Address https://azwebtst.statemedicaid.us/ClaimSubmission/Professional-2.asp

Arizona Health Care
Cost Containment System

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Account Information
- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.113
- AHCCCS Provider ID:
- User Account

Professional Claim Infor

Help

Enter the Diagnosis here without the period. Up to four diagnoses can be entered

Diagnosis or Nature of Illness or Injury (Relate Items 1, 2, 3 or 4 by line to the Diagnosis Code Pointer)

Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1234			

Enter the Place of Service here. Click on the down arrow to get a list of valid Place of Service

Click the corresponding diagnosis pointer box

Enter the From and To Date of Service here

Service Lines

	Dates of Service From (MM/DD/YYYY)	To (MM/DD/YYYY)	Place of Service	HCPCS	Modifier Code 1	2	NDC	Diagnosis Code Pointer 1	2	3	4	Days/Units
1	01/01/07	01/01/07	01	99201				✓				1
2												
3												

Enter the HCPCS/CPT codes here

Enter the Days or Units

	Line Charges	Medicare Paid	Deductible	Coinsurance	Other Insurance	Emergency	EPSDT Indicator	Delete
1	$ 30	$	$	$	$	Yes No	Yes No	X
2	$	$	$	$	$	Yes No	Yes No	X
3	$	$	$	$	$	Yes No	Yes No	X

Enter the billed amount here

CLICK TO VERIFY
MAY 31 2007 10:03:37

Add More Service Lines...

< Previous | Submit

Click Submit button when done

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Address https://azwebtst.statemedicaid.us/ClaimSubmission/Confirmation.asp

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.113
- AHCCCS Provider ID:
- User Account

Claim Entry Confirmation

Transmission Status: Successful
Claim Type: Professional
Patient Account Number: 123456789

View Claim | Enter New Claim

Click on

View Claim

This will let you view what was entered and allow changes/corrections to the claim

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Done | Internet

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Back Search Favorites

Address https://azwebtst.statemedicaid.us/ClaimSubmission/Professional-Summary.asp Go Links

Arizona Health Care Cost Containment System
Professional Claim Submission

Recipient:	A12345678 SMITH, JANE	Service Provider:	123456 DOE, JANE A
Employment Accident:	N	Referring Provider ID:	
Auto Accident:	N	Prior Authorization Number:	
Other Accident:	N	Patient's Account Number:	123456789
Accident State:		Date of Illness/Injury/Pregnancy:	
Diagnosis Code 1:	1234	Hospitalization Date(s):	-
Diagnosis Code 2:		Billing Provider Tax ID:	899999999
Diagnosis Code 3:		Submission Reason:	Original
Diagnosis Code 4:		Original Reference Number:	
Service Provider NPI:		Billing Provider NPI:	
Referring Provider NPI:			

Service Lines

	Dates of Service		Modifier Code		Diagnosis Code Pointer				Medicare										
Line #	From	To	1	2	1	2	3	4	Paid	Deductible	Coinsurance	Other Insurance	Charges	Days/Units	NDC	HCPCS	Place of	Emergency	EPSDT
1	01/01/2007	01/01/2007			X				0.00	0.00	0.00	0.00	30.00						

Edit Current Claim | Enter New Claim

NOTE: Please use your browser to print this screen if you wish to maintain a copy. Be sure to set the print Orientation to *Landscape*.

Here the data entered can be verified. Changes can be made if necessary by clicking on

Edit Current Claim

Note:

Please read if you are going to print this page

To continue entering new claims click on

Enter New Claim

Done Internet

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File Edit View Favorites Tools Help

Address https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Type=Professional

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.113
- AHCCCS Provider ID:
- User Account

Claim Submission

Enter New Claim

Type of Claim: Professional Go...

View Status

Date of Submission: 05/31/07 Go...

If a provider wants to see a list of all the claims entered on a specific date, just type that date here and click on

Go

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https://azwebtst.statemedicaid.us/ClaimSubmission/ClaimSubmissionStatus.asp?SubmissionDate=06/1 - Microsoft Internet Explorer p

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Address https://azwebtst.statemedicaid.us/ClaimSubmission/ClaimSubmissionStatus.asp?SubmissionDate=06%2F13%2F07&button2=Go...

Arizona Health Care Cost Containment System
Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Professional	6/13/2007 7:38:14 AM	DOEJ	In Progress	6/21/2007 12:56:33 PM		
Professional	6/13/2007 7:45:38 AM	DOEJ	In Progress	6/21/2007 12:56:33 PM		

Record Count: 2

< Previous

This screen will display a status log of all the claims entered via the web site on a specific date