AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 4.c:

Institutional (Outpatient/Clinic UB)

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Address https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider_ID=436198

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- Provider Verification

Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.35
- AHCCCS Provider ID. . . . . .
- User Account

Claim Submission

Enter New Claim

Type of Claim: Institutional Go...

- Professional
- Institutional
- Dental

Click on the down arrow

Click on Institutional

View Status

Date of Submission: Go...

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.35
- AHCCCS Provider ID:
- User Account

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Claim Submission

Enter New Claim

Type of Claim: Institutional Go...

Click on Go

View Status

Date of Submission: Go...

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.46
- AHCCCS Provider ID:
- User Account

Institutional Claim Information

Help

Note:

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

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name
123456			123456789	Find...

Type your AHCCCS Provider ID number here

Type your Tax ID number here

Then click the **Find** Button

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.46
- AHCCCS Provider ID
- User Account

Institutional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789 Find...	The Place	NURSING HOME

Recipient

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

Type the Member's AHCCCS ID #

Then Click on Find

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- Provider Verification

Institutional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789 Find...	The Place	NURSING HOME

Recipient

AHCCCS ID	Name	Date of Birth	Gender
a12345678 Find...	Doe, Jane	09/30/2006	F

Statement Covers Period

From	Through	Covered Days	Non-Covered Days	Coinsurance Days	Lifetime Reserve Days
01/01/2007	01/31/2007	31			

Admission Date	Admission Hour	Admission Type	Admission Source	Discharge Hour	Type of Bill	Original Reference Number
01/01/2007		3	6		213	

Patient's Account Number	Medical Record Number	Patient Status	Condition Codes 1	2	3	4	5	6	7	8
DOEJ	1234	30								

Previous Next >

Enter the From and Through dates

Enter the Covered Days (Span date)

Enter Bill Type

Enter Admission Date

Click on the down arrow, and then click the Admit Type

Click on the down arrow, and then click the Source Type

Enter Patient Account #. Must have something in this box

Click on the down arrow, and then click the Patient Status

When done, click on Next

Note:
There are built-in edits that won't allow claim entry to continue until required fields are completed. If a required field is blank 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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Occurrence code and dates required if applicable
(i.e. 01 = Auto Accident, A3 = Benefits Exhausted)
See UB-04 Manual for codes

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Institutional Claim Information

Help

	Occurrence 1		Occurrence 2		Occurrence 3		Occurrence 4	
	Code	Date	Code	Date	Code	Date	Code	Date
a								
b								

Occurrence spans codes and dates required if applicable (see UB-04 Manual for codes)

	Occurrence Span				Occurrence Span		
	Code	From	Through		Code	From	Through
a				b			

Account Information

User Name: axescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.35
AHCCCS Provider ID
User Account

	Value Codes 1		Value Codes 2		Value Codes 3	
	Code	Amount	Code	Amount	Code	Amount
a		$		$		$
b		$		$		$
c		$		$		$
d		$		$		$

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Value codes and amounts required, if applicable
(i.e.)
A1 = Medicare Part A Deductible
B1 = Medicare Part B Deductible
A2 = Medicare Part A Coinsurance
B2 = Medicare Part B Coinsurance
C1 = Third Party Payer Deductible
C2 = Third Party Payer Coinsurance

Not a complete list

< Previous Next >

Click on Next

Skip this page, if you have TPL, you will need to submit on paper with the EOB

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Type the Principal Diagnosis Code here without the decimal

Type all other Diagnosis Codes here without the decimal

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Account Information

User Name: axescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.46
AHCCCS Provider ID:
User Account

Institutional Claim Information

Help

Diagnosis Codes

Principal	1	2	3	4	5	6	7	8	Admitting	E-Code
1234	12345	12340								

Attending Physician ID	Attending Physician NPI	Prior Authorization No.	Medicare Paid	Other Insurance	Principal Procedure Code	Principal Procedure Date
			$	$		

Other Procedure 1 Code	Other Procedure 1 Date	Other Procedure 2 Code	Other Procedure 2 Date	Other Procedure 3 Code	Other Procedure 3 Date	Other Procedure 4 Code	Other Procedure 4 Date	Other Procedure 5 Code	Other Procedure 5 Date

Referring Provider NPI	Billing Provider NPI

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Account Information

User Name: axescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.46
AHCCCS Provider ID:
User Account

Institutional Claim Information

Help

Enter the Revenue Code for each line

Enter the Service Units/days for each line

Enter the Billed Amount for each line

Service Lines

	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount	Delete
1	0193						31	$ 5459.72	$	X
2								$	$	X
3								$	$	X
4								$	$	X
5								$	$	X
6								$	$	X
7								$	$	X
8								$	$	X
9								$	$	X
10								$	$	X

Add More Service Lines...

< Previous Submit

When done, click on **Submit**

If additional lines are needed, click here

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.35
- AHCCCS Provider ID
- User Account

Claim Entry Confirmation

Transmission Status: Successful
Claim Type: Institutional
Patient Account Number: 123456

View Claim | Enter New Claim

Click on

View Claim

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

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Arizona Health Care Cost Containment System
Institutional Claim Submission

Recipient:		Service Provider:	7924
Patient's Account Number:	DOEJ	Medical Record Number:	1234
Admission Date:	1/1/2007	Statement Covers Period:	01/01/2007 - 01/31/2007
Admission Hour:		Bill Type:	213
Admission Type:	3	Attending Physician ID:	
Admission Source:	6	Original Reference Number:	
Discharge Hour:		Prior Authorization Number:	
Coinsurance Days:		Medicare Paid Amount:	
Lifetime Reserve Days:		Principal Procedure Code:	
Covered Days:	31	Principal Procedure Date:	
Non-Covered Days:		Patient Status:	30
Admitting Diagnosis Code:		E-Code:	
Principal Diagnosis Code:	3449	Other Insurance Amount:	
Service Provider NPI:		Billing Provider NPI:	
Referring Provider NPI:		Attending Provider NPI:	

Value Codes/Amounts	Condition Codes	Other Diagnosis Codes	Occurrence Codes/Dates	Other Procedure Codes/Dates	Span Codes/Dates
1	1	1 29590	1	1	1 -
2	2	2	2	2	2 -
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	
6	6	6	6		
7	7	7	7		
8	8	8	8		
9					
10					
11					
12					

Click on Edit Current Claim to fix errors or make changes to the claim.

Click on Enter New Claim to enter another claim

Service Lines

Line #	Revenue Code	NDC Code	HCPCS Code	Modifier 1	Modifier 2	Service Date	Service Units	Billed Amount	Non-Covered Amount
1	0193						31	5,459.72	0.00

Edit Current Claim | Enter New Claim

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Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.46
- AHCCCS Provider ID:
- User Account

Claim Submission

Enter New Claim

Type of Claim: Professional Go...

View Status

Date of Submission: 06/13/2007 Go...

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

Then click Go

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Arizona Health Care Cost Containment System
Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Institutional	6/13/2007 7:38:14 AM	DOEJ	Pending			
Institutional	6/13/2007 7:45:38 AM	DOEJ	Pending			
Record Count: 2						

< Previous

This page will show if the claim is pending, paid, or denied. You can still edit any claim in a pended status by clicking on the Patient Account #. You can also print this page for your record.

Note:

Set your printer to print landscape if you want to print this page for your record.

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