AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 7.a:

Adjustments (UB)

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

AHCCCS

Arizona Health Care
Cost Containment System

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Main Menu

- Eligibility and Enrollment Status
- Provider Information
- 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: 170.68.241.35
- AHCCCS Provider ID: 436198
- 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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- AHCCCS Provider ID: 436198
- User Account

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Cost Containment
CLICK TO VERIFY
FEB 26 2007 7:54:48

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: 436198
- User Account

Institutional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456			123456789		

Find...

Note:

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

Type your AHCCCS Provider ID number here

Type your Tax ID number here

Click on

Find

Note:

When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.

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- Provider Verification

Account Information

- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.46
- AHCCCS Provider ID: 436198
- 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	BH OUTPAITENT CLINIC

Recipient

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

Type the Members AHCCCS ID #

Then Click on Find

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Links AHCCCS - Public Website AHCCCS Public Web ate Of Arizona Weekly Job Announcements Windows

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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- Provider Verification

Account Information
- User Name: axescobedo
- User ID: 0000020
- Type: Individual
- IP: 170.68.241.90
- AHCCCS Provider ID: 436198

Institutional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789 Find...	The Place	BH OUTPATIENT CLINIC

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A00000000 Find...	Doe, John	02/01/1978	M

Statement Covers Period

From	Through	Covered Days	Non-Covered Days	Coinsurance Days	Lifetime Reserve Days
01/01/07	01/31/07	31			

Type	Admission Source	Discharge Hour	Type of Bill	Original Reference Number
			717	0700000000000

ecord Number	Patient Status	Condition Codes 1	2	3	4	5	6	7	8
	30								

< Previous Next >

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son, Phoenix, AZ

03 AHCCCS, All

Enter the appropriate adjustment Bill Type here

Enter the Original Claim Record Number (CRN) of the claim you want to adjust here

Click on Next to continue to next screen

Note:

Adjustment of a denied claim:

Correct the claim and resubmit the claim in its entirety, including all original lines if the claim contained more than one line.
Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.

Adjusting a paid claim:

Make changes/add lines to the new claim and submit the claim containing all previously submitted lines
If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement, and payment will be recouped.

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