AHCCCS Claim Form Types
CMS 1500, UB-04 and ADA Dental
June 2021
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
CMS 1500 Claim Form Example

ADA 2012 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 Training

The DFSM Provider Education and Training Unit can assist providers with the following:

• How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).

• Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.
Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

• Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
• Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
  o NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider’s professional coder/biller.
• ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov
Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov
Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

**NOTE:** Providers should not call the Claims Customer Service team 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.
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.