

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 7:

Claim Status (All Claims)



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: avescobedo	
User ID: 0000020	
Type: Individual	
IP: 170.68.241.37	
AHCCCS Provider ID	
User Account	



The AHCCCS mainframe systems will have scheduled downtimes that occur on a weekly basis. During these downtimes (usually weekends), the web site will be unavailable. For questions regarding downtimes, please call 602-417-4444. During system downtimes, please contact the AHCCCS COM Center at 602-417-7000 for immediate assistance regarding eligibility/enrollment. The Interactive Voice Response (IVR) System is also available for eligibility inquiries at 602-417-7200. For claim inquiries, please contact the AHCCCS Claims Customer Service at 602-417-7670. For a full list of contacts, please click on [AHCCCS Contacts](#)

Click on
Claim Status



Claim Status allows providers to view the status of their Fee-For-Service claims. If the recipient is enrolled in a capitated Health Plan, please click on [Capitated Health Plan](#) for more information, please click on [Capitated Health Plan](#)

session will be logged out after 15 minutes of inactivity. ▲

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted. For a listing of the Health Plan contact information, please click on [Health Plan Contact Information](#)

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.

Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other third party coverage information for a recipient.

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures. For further information, please click on [AHCCCS Provider Registration](#).



Claim Status: Claim Search

Claim Search

- The form below will return a list of matching claim records for the criteria you select.
- If you enter Claim Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Claim Number along with the required field values will be used in the search.
- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

* indicates required fields

Recipient AHCCCS ID:*	<input type="text"/>	(Ex. A12345678)
Service Provider ID:*	<input type="text" value="231725"/>	
Begin Date of Service:*	<input type="text"/>	(Format: MM/DD/YYYY)
End Date of Service:	<input type="text"/>	(Format: MM/DD/YYYY)
Claim Number:	<input type="text"/>	
Patient Account Number:	<input type="text"/>	
Line Item Control #:	<input type="text"/>	
Revenue Code:	<input type="text"/>	
Procedure Code:	<input type="text"/>	
Modifier Codes:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

The search screen will appear

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- If you enter Claim Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Claim Number along with the required field values will be used in the search.
- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

* indicates required fields

Recipient AHCCCS ID:*

(Ex. A12345678)

Service Provider ID:* 

Click on the down arrow and select the service provider ID you seek

Begin Date of Service:*

(Format: MM/DD/YYYY)

End Date of Service:

(Format: MM/DD/YYYY)

Claim Number:

Patient Account Number:

Line Item Control #:

Revenue Code:

Procedure Code:

Modifier Codes:

Click Search

Search

Clear

Note:

This will bring up all the claims for this provider and member that fall within the date of service you entered

To narrow the search add additional data, for example, add the claim number (CRN)

Claim Status: Claim Search

Claim Search

- The form below will return a list of matching claim records for the criteria you select.
- If you enter Claim Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Claim Number along with the required field values will be used in the search.
- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

* indicates required fields

Recipient AHCCCS ID:*	<input type="text" value="A12345678"/>	(Ex. A12345678)
Service Provider ID:*	<input type="text" value="231725"/>	
Begin Date of Service:*	<input type="text" value="01/01/2011"/>	(Format: MM/DD/YYYY)
End Date of Service:	<input type="text" value="01/01/2011"/>	(Format: MM/DD/YYYY)
Claim Number:	<input type="text"/>	
Patient Account Number:	<input type="text"/>	
Line Item Control #:	<input type="text"/>	
Revenue Code:	<input type="text"/>	
Procedure Code:	<input type="text"/>	
Modifier Codes:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Click on the claim number (CRN) you want

Claim Search Result

Total records found=2

Claim Number	Status	Form Type	Service Beg	Service End	Recipient ID	Provider ID
113465600001	Denied	HCFA-1500	01/01/2011	01/01/2011	A80155553	231725
113466600001	Denied	UB O/P	01/01/2011	01/01/2011	A80155553	231725

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Claim Status: Accounting Summary

Printable Version

This will take you to the accounting screen

| [Claim Search](#) | [Accounting Summary](#) | [Other Claim Info](#) | [Help](#) |

Note: Place the cursor over the purple codes to view their descriptions.

To see the denial codes and reasons, click on the [Other Claim Info](#) link

Claim Header

Claim Number: 113355600001	Bill Type:
Status Category/Code: F2 / 1	Form Type: HCFA-1500
Claim Status: Denied	Pay Check:
Status Date: 12/01/2011	Pay Check Date:
Service Beg/End: 01/01/2011-01/01/2011	Claim Paid Date: 12/01/2011
Patient Account #: 1234	

Provider

Service Provider ID: 231725	Billing Provider ID: 231725
Service Provider Name: TEST/CASE	Billing Provider Name: TEST/CASE
Provider TaxID: 123456789	

Recipient

AHCCCS ID: A79625236	Date Of Birth: 08/10/1995
Name: TESTRECORD, ONE	Gender: F

Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Qualifier	Service Code	Modifier	Units	Billed Amt	Paid Amt
01	F2	1	12/01/2011		01/01/2011	01/01/2011	HC	99299		2.00	\$20.00	\$0.00
											\$20.00	\$0.00

Note: Place the cursor over the purple codes to view their descriptions.

Claim Header

Claim Number: 113355600001	Bill Type:
Status Category/Code: F2 / 1	Form Type: HCFA-1500
Claim Status: Denied	Pay Check:
Status Date: 12/01/2011	Pay Check Date:
Service Beg/End: 01/01/2011-01/01/2011	Claim Paid Date: 12/01/2011
Patient Account #: 1234	

Provider

Service Provider ID: 231725	Billing Provider ID: 231725
Service Provider Name: TEST/CASE	Billing Provider Name: TEST/CASE
Provider TaxID: 123456789	

Recipient

AHCCCS ID: A79625236	Date Of Birth: 08/10/1995
Name: TESTRECORD, ONE	Gender: F

Accounting Detail

RECORD(S) NOT FOUND

Edit History

Score #	Line #	Date	Score Code
01	00	12/01/2011	NO EDIT FAILURES
01	01	12/01/2011	L013.1 L018.1 L019.5 L032.2

Status History

Seq	Clean Claim Date	Adjudication Status	Status Date
01	12/01/2011	DENIED	12/01/2011

Denial Reasons

Line	Status Date	Denial Code	Description	Reason
01	12/01/2011	L013.1	CLAIM SERVICE	NOT COVERED BY AHCCCS
01	12/01/2011	L018.1	HCPCS PROCEDURE/PLACE OF SERVICE	INVALID COMBINATION OF CODES
01	12/01/2011	L019.5	DIAGNOSIS CODE #1	IS NOT ON FILE
01	12/01/2011	L032.2	PROCEDURE CODE IS	INVALID FOR RECIPIENT AGE



The denial codes and reasons are located here.

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