

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ARIZONA

TIMELY-CLAIMS PAYMENT - DEFINITION OF CLAIM

The AHCCCS Administration defines Fee-For-Service (FFS) claims in the following manner:

1. For Inpatient or Outpatient Hospitals, Residential Treatment Centers, Hospices, Dialysis Centers or Nursing Facilities, a FFS claim is a single billing issued for a portion of, or all of, the services rendered for a period of time.
2. For prescription drugs, a FFS claim is a single line on the claim form. On the Universal Drug claim form, each line represents one prescription.
3. For all other services, a FFS claim is a single line on the claim form. On the HCFA 1500 form, a single line can consist of multiple services for multiple days. For example, if physician hospital visits were rendered twice a day from January 1 to January 15, the claim line can indicate the date span for thirty (30) units of service. On all forms, a single line represents a single claim.

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