

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: _____

Citation
42 CFR 447.45(c)

**4.19(e) The Medicaid agency meets all requirements
of 42 CFR 447.45 for timely payment of
claims.**

**ATTACHMENT 4.19-E specifies, for each type of
service, the definition of a claim for purposes of meeting
these requirements.**

TN No. _____

Supersedes

Approval Date _____

Effective Date _____

TN No. _____