

**Revision:** HCFA-AT-80-38 (BPP)  
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**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.**

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**TN No.** \_\_\_\_\_

**Supersedes**

**Approval Date** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

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