

*News you can use!*

## Provider Tips



### ELECTRONIC (EDI) SUBMISSIONS:

#### Billing Provider = Rendering Provider:

- Provider ID is submitted in Loop 2010AA:
  - Billing Provider Name
  - Qualifier XX in NM108
  - Rendering NPI in NM109

#### Billing Provider is NOT Rendering Provider:

- Billing provider ID is submitted in Loop 2010AA:
  - Rendering Provider Name
  - 24=EIN or 34=SSN in NM108
  - Tax ID in NM109
- Rendering provider ID is submitted in 2310B:
  - Qualifier XX in NM108
  - Rendering NPI in NM109
- Service facility provider ID is submitted in 2310C:
  - Qualifier XX in NM108
  - Rendering NPI in NM109

NPI billing guidelines differ depending on the provider type and/or service for CMS-1500 claims:

- Group or individual NPI requirements:
  - Field 24j –Rendering provider NPI
  - Field 32a –Service facility NPI (*when different than box 33*)
  - Field 33a – Billing provider/group NPI

**Rendering Provider NPI in field 24J**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. F31.61	B. F41.9	C.	D.		
24. A. DATE(S) OF SERVICE		25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.	
From MM DD YY	To MM DD YY	125689740	SSN EIN X	158995	27. ACCEPTED FOR GOVT. PAYMENT X YES
23. BILLING PROVIDER INFO & PH #		23. BILLING PROVIDER INFO & PH #		23. BILLING PROVIDER INFO & PH #	
ACME MENTAL HEALTH CENTER		ACME MENTAL HEALTH CENTER		ACME MENTAL HEALTH CENTER	
12345 N 53RD AVE		12345 N 53RD AVE		12345 N 53RD AVE	
PHOENIX AZ 85013		PHOENIX AZ 85013		PHOENIX AZ 85013	
28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
\$ 150.00		\$		\$	

**Billing Provider / Group NPI in field 33 A**

- FQHC or other location based NPI requirements (*i.e. Ambulatory Surgery Center, facility-based behavioral health services for the Medicare/Medicaid members*):
  - Field 24j – Service facility NPI
  - Field 32a – Service facility NPI (*when different than box 33*)
  - Field 33a – Billing provider/group NPI
  - Field 19 (FQHC only) – Enter the rendering provider NPI and name in the following format: XX/NPI(10 characters)/Provider Name (last, first 20 characters)

**Service Location/Facility NPI in field 24J**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. J20.1	B.	C.	D.		
24. A. DATE(S) OF SERVICE		25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.	
From MM DD YY	To MM DD YY	125674843	SSN EIN X	MD14567	27. ACCEPTED FOR GOVT. PAYMENT X YES
23. BILLING PROVIDER INFO & PH #		23. BILLING PROVIDER INFO & PH #		23. BILLING PROVIDER INFO & PH #	
ACME HEALTH CENTER		ACME HEALTH CENTER		ACME HEALTH CENTER	
33996 N 33RD AVE		33996 N 33RD AVE		33996 N 33RD AVE	
PHOENIX AZ 85013		PHOENIX AZ 85013		PHOENIX AZ 85013	
28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
\$ 300.00		\$		\$	

**Billing Provider/ Group NPI in field 33A**



Care1st Health Plan Arizona  
2355 E Camelback Rd.  
Suite 300  
Phoenix, AZ 85016  
Phone: 602.778.1800  
Toll Free: (866).560.4042