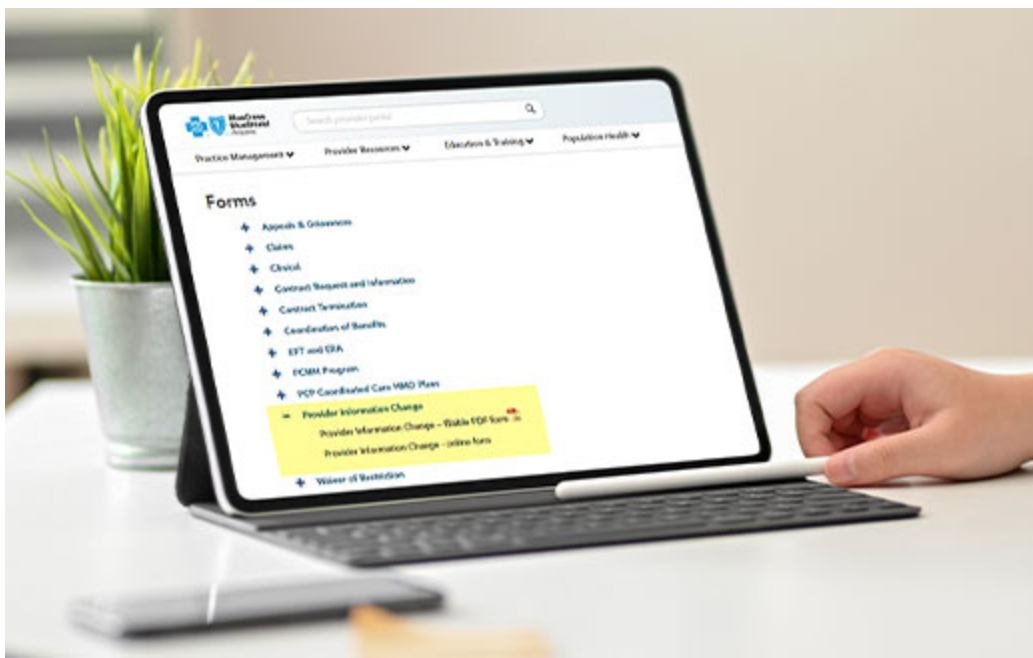# New data elements required for professional claims

pages.azblue.com/New-data-elements-required-for-professional-claims---FEB-2021.html

Sign in – Secure Provider Portal

We're continuing to enhance our claim adjudication processes. We now require a rendering provider NPI on most professional claims. When the rendering NPI is the same as the billing NPI, be sure to bill as an individual (1) on loop 2010AA rather than as an entity (2).

In This Issue

It's American Heart Month: Empower your diabetes and heart disease patients

The Blue Cross® Blue Shield® of Arizona (BCBSAZ) claim system automatically checks the individual (clinician) and organizational (entity) NPIs to be sure the combination matches the records we have on file for a particular tax ID. Claim rejections occur when NPI data is missing or we have no record of an individual NPI being associated with the organizational NPI and tax ID on the claim.

Ensure that we have your organizational NPI

If you're getting rejections and you're not sure we have your current organizational NPI number(s) on file, you can reach out to your provider liaison or use the Provider Information Change Form to send us that information. To avoid unnecessary claim rejections, it's always important to let us know about any recent changes to your rendering providers so we can update our records accordingly.

Sample rejection message: Claim (AZBlue) Submitted Billing NPI and/or Rendering NPI with Tax ID# combination not on file. Please refer to azblue.com to complete a Provider Information Change Form or correct claim for resubmission.

Include these required data elements on professional claims

The table below shows some specific data elements we require for professional claims (837P/CMS 1500).

Loop	Element	HFCA Box	Description	BCBSAZ Requirements
2310A	NM109	17b	Referring provider NPI	The referring/ordering NPI is required for lab, DME, and radiology claims, and also for opioid treatment program services.
2310B	NM109	24j	Rendering provider NPI	The rendering NPI is required for *most* professional claims. Use the same NPI for all lines. Exceptions: Claims submitted by the following types of providers do *not* require a rendering provider NPI: labs, DME, ambulance, home infusion, and portable diagnostic imaging suppliers.
2010AA	REF*EI	25	Federal tax ID	Prior to submitting claims, the federal tax ID must be on file with BCBSAZ for *all* providers billing under it. If a provider is not updated in our system with this tax ID, claims will be rejected until that information is corrected.
2010AA	NM103	33	Billing provider info	• If the tax ID is for a group, rather than an individual provider, enter the *group practice* name. • If the tax ID is for an individual, rather than a group practice, enter the *individual provider's* name.
2010AA	NM109	33a	Billing provider NPI	The billing provider NPI is required. • If you bill as a group entity or a group of one, enter the *organizational* NPI and indicate on the 837 that this is an entity (2). • If you bill as an individual, enter the *individual* NPI and indicate on the 837 that this is an individual (1) rather than an entity (2).

Unique claim submission requirements for ambulatory surgical centers/clinics (ASCs)

For Medicare Advantage members, ASCs must submit claims using the professional version of the form (837P). For all other members, claims must be filed using the institutional version (837I).

Please ensure that your billing team and clearinghouse receive this information. If you have questions, contact your provider liaison or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.