

Submitting “clean” claims can help you avoid rejections and processing delays

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When it comes to claim submission, your tax ID numbers matter! The Blue Cross® Blue Shield® of Arizona (BCBSAZ) claim processing system includes edits to filter out and reject claims that have one or more of the following tax ID number (TIN) errors:

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Don't turn members away!
We will [validate and authorize](#)

- Billing TIN not valid for date of service
- NPI/TIN combination not in our database for rendering provider (rendering provider NPI must be an individual NPI, not an organizational NPI)
- NPI/TIN combination not in our database for billing provider

How to avoid TIN edit rejections

The qualifiers SY (SSN) and EI (EIN) are both used in determining the TIN. If you need to update our systems with your current NPI/TIN information, use the online Provider Information Change Form, available in the secure provider portal at “[azblue.com/providers](https://pages.azblue.com/providers) > Provider Resources > Forms > Provider Information Change.”

Essential requirements for “clean” claim submissions

We can adjudicate “clean” claims immediately without further information from you or a third party, except when we need to review medical records. You can avoid most claim processing delays by using this checklist of some key data elements for clean claims:

- Accurate and complete information identifying the patient and policyholder (if different from patient) with correct and complete names, identification numbers, and dates of birth
- Date and place of service
- Identification of the service(s) provided by appropriate diagnosis code(s), procedure code(s), and appropriate modifiers
- Evidence that any required prior authorization was obtained
- Identification of the servicing/rendering and referring provider, including the NPI number as indicated in the following table (dental providers, please reference the [dental data table](#)):

LOOP	ELEMENT	HCFA 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 individual NPI is required when the <i>billing</i> provider or organizational NPI is not the same as the rendering provider NPI. The rendering NPI must be an individual NPI (not organizational).
2010AA	REF*EI	25	Federal tax ID	Prior to submitting claims, the federal tax ID must be on file with BCBSAZ for <i>all</i> providers billing under it. If a provider is not updated in our system with this tax ID, claims may be processed as out-of-network, causing unnecessary delays and adjustments.
2010AA	NM103	33	Billing provider info	If the tax ID is for a group practice, rather than an individual provider, you must include the <i>group practice</i> name here.
2010AA	NM109	33a	Billing provider NPI	If the rendering provider is affiliated with a group, you must enter the <i>organizational</i> NPI of the group practice.

Questions?

For more information about BCBSAZ claim submission, check out [Section 19 of the BCBSAZ Provider Operating Guide](#). You can also reference the [HIPAA Transaction Standard – BCBSAZ Companion Guide](#).
