

Claim form requirements for Federally Qualified Health Centers

pages.azblue.com/February-1-Submit-837I-claims-for-FHQC---JAN-2023.html

[Sign in – Secure Provider Portal](#) 



According to CMS guidelines, all Federally Qualified Health Centers (FQHCs) must submit claims using the electronic format ASC X12 837 institutional claim transaction (UB-04). Starting February 1, 2023, Blue Cross® Blue Shield® of Arizona (BCBSAZ) will only process claims from FQHCs submitted via the 837I (UB-04). Claims submitted via the 837P (CMS 1500) will be denied, with a message to resubmit the claim using the institutional format.

[+ In This Issue](#)

Don't turn members away!
We will validate and authorize

If you are already submitting 837I claims, thank you! If not, please inform your billing teams about this requirement and instruct them to promptly set up your system to use the correct format. This will avoid claim rejections and payment delays.

The [NUBC Official UB-04 Data Specifications Manual](#) is a great source of billing information for 837I claim submission. You can find BCBSAZ-specific information in [Section 19 of the BCBSAZ Provider Operating Guide](#).

For more information, see the CMS publication [Medicare Claims Processing Manual \(Chapter 9 – Rural Health Clinics/Federally Qualified Health Centers\)](#), page 7, General Requirements for RHC and FQHC Claims.

In This Issue:
