

Provider billing requirements: updates to avoid claim rejections

Summary of change: Effective date, Amerigroup Iowa, Inc. will implement updates to our front end edits in order to align with industry standards and expectations. In order to avoid claim rejections, the following guidelines must be followed.

Why is this change necessary?

Amerigroup periodically updates provider billing requirements in order to remain current with industry standards and guidelines.

What does this mean to me?

If the guidelines outlined below are not followed, claims will reject.

Guidance to prevent claims rejections

Billing emergency services as a provider not enrolled with Iowa Medicaid

Services provided by a provider not enrolled with Iowa Medicaid are only covered if an emergency condition exists or an approved authorization has been granted. If Amerigroup receives a claim from a provider who is not enrolled with Iowa Medicaid and who does not meet the required standards or have an authorization, the claim will be rejected.

- **Rejection code: 562:** rejected claim because billing provider NPI is not present in the State of Iowa master file

Billing provider address as a PO Box

If the billing provider's address is not a street address or physical location, the claim will reject. A Post Office Box (PO) is not an acceptable submission for the billing provider address. Providers who are including a PO Box as the billing provider address in their claim submission, must transition their PO Box address to a physical address to avoid claims rejections.

- **Rejection code: 126:** Entity's address

Claims with future date of service

Claims that are received with a future date of service. (i.e. where date of service is greater than claim received date) will reject:

- **Rejection code: 756:** Claim received date cannot be prior to maximum date of service

Claims submissions greater than 99 lines

Facility claims submitted will reject if submitted with greater than 99 service lines:

- **Rejection code: 121:** Service line number greater than maximum allowable for payer

Missing accident state

Professional claims submitted with a related cause of auto accident (AA) or other accident (OA) will reject if there is a missing date of accident:

- **Rejection code: 727:** Rejected claim for invalid or missing accident date

Additional resources

Amerigroup Iowa, Inc. Provider Billing and Reference Guide:

https://providers.amerigroup.com/ProviderDocuments/IAIA_ClaimsandBillingRefManual.pdf

Claims Submission Requirements for Professional Claims:

https://providers.amerigroup.com/Reimbursement%20Policy%20Documents/IAIA_RP_ClaimsSubProf.pdf

Claims Submission Requirements for Facility Claims:

https://providers.amerigroup.com/Reimbursement%20Policy%20Documents/IAIA_RP_ClaimsSubFacilities.pdf

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.