

Reminder: HIPAA-compliant claim submission

Amerigroup Community Care is working to enhance our front end editing of HIPAA-5010-compliant submission requirements for both professional and institutional claims. In the editing process, we review claims for compliance, completeness and accuracy. We require correct information for claims acceptance and payment. Below is a list of items that frequently reject, deny or are recouped for incorrect submission data:

- Ambulance — Full pickup and drop off location details are required for the professional (1500 form) claim. Point of pickup zip code is required for institutional (UB04 form) claim.
- National drug code (NDC) — We require NDC code, quantity and unit of measure when reporting a drug code.
- Claim frequency codes — We accept codes: 1, 2, 3, 4, 5, 7 or 8.
- Service dates — Line level service dates must be within statement dates.
- Admit date/admit hour is required for inpatient claims.
- Discharge hour is required for inpatient and ER claims.
- Accident date is required if an accident is being reported.
- Billing provider address must be a street address. We will not accept P.O. boxes.
- Billing provider NPI and taxonomy code must be present on claim.
- Billing provider Medicaid ID must be present on claim for an atypical provider.
- Clinical laboratory improvement amendments (CLIA) number is required for laboratory service on professional claims.

We will deny claims, including corrected claims, received after the applicable timely filing. If you have questions, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.