Quick tips to filing a complete and correct professional claim

Electronic claims filing

If you are filing professional claims electronically (supported by electronic data interchange [EDI]), below are some tips for a successful claim submission:

- **Billing provider** — Loop (section) 2010:
  - When the billing provider is an organization healthcare provider, the organization's national provider identification (NPI) number is reported in field **NM109**.
  - The taxpayer identification number (TIN) of the billing provider must be reported in the **REF** segment of this loop.
  - The billing provider may be an individual only when the healthcare provider performing the services is an independent, unincorporated entity.
  - The billing provider address must hold a physical address and should not contain any of the following: Post Office Box, P.O. Box, PO Box, Lock Box, or Lock Bin.
- **Rendering provider** — Loop 2310:
  - This loop or section of the EDI file is required when the rendering provider's NPI is different from that carried in Loop ID-2010AA-billing provider. If not required by the EDI implementation guide, do not send.
  - The rendering provider is the person or company who rendered the care.

Mail claims filing

If you are filing a professional claim via mail:

- Facility information:
  - Include the address of the servicing facility — the address where services were rendered — in Box 32.
  - Include the servicing facility's NPI — service location NPI — in Box 32a.
- Billing provider:
  - The billing provider's complete name, address, and phone number **must** be in Box 33.
  - NPI **must** be reported in Box 33a (group's organization or individual provider is an independent, unincorporated entity).
  - The TIN of the billing provider **must** be reported in Box 25.
- Rendering provider:
  - For claims that require a rendering provider, report the rendering provider NPI in Box 24J.

Review your billing practices carefully to ensure proper TIN, billing NPI, and rendering provider information (if applicable) are submitted in the appropriate fields. Please bill according to your contracted network roster. If you are billing with a rendering NPI that you have not notified us about, you will see a claim rejection and/or claim denial. Please notify us about any practice

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changes, including providers joining or leaving your organization. As a reminder, claims submitted incorrectly **will be denied and/or rejected**.

Not set up with EDI?

Amerigroup Washington, Inc. plan has a strategic relationship with Availity* to serve as our Electronic Data Interchange (EDI) partner for all electronic data and transactions.
Health care professionals, billing services and clearinghouses who are new to the EDI space can register to exchange EDI transactions with **Availity**.

EDI Connection Services Startup Guide
Batch Electronic Data Interchange (EDI) Standard Companion Guide

Your organization can submit and receive the following transactions through the Availity EDI Gateway:
- 837- Institutional Claims
- 837- Professional Claims
- 837- Dental Claims
- 835- Electronic Remittance Advice
- 276/277- Claim Status
- 270/271- Eligibility Request
- 275- Electronic Medical Attachments
- 278- Prior Authorizations and Referrals

Payer name and ID

Your payer name is **Amerigroup** and the payer ID is **26375**.
(If you use a billing company or clearinghouse for your EDI transmissions, please work with them on which payer ID they want you to use.)

Questions? We're here to help.

If you have questions about this information, please contact your Provider Experience consultant or email us **here**.

✉ Email is the quickest and most direct way to receive important information from Amerigroup Washington, Inc.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (**https://bit.ly/3Eo51La**).