Ambetter Claim Submission Reminder

TAXONOMY PLACEMENT ON CLAIMS

CMS 1500 Paper Submission:
- Rendering – Box 24i should contain the qualifier "ZZ." Box 24j (shaded area) should contain the taxonomy code.
- Billing – Box 33b should contain the qualifier "ZZ" along with the taxonomy code.
- Referring – If a referring provider is indicated in Box 17 on the claim, Box 17a should contain the qualifier of "ZZ" along with the taxonomy code in the next column.

837 Professional Electronic Submission:
- Billing – Loop 2000A PRV01="BI" PRV02 = "PXC" qualifier PRV03 = 10 character taxonomy.
- Rendering – Loop 2310B PRV01="PE" PRV02 = "PXC" qualifier PRV03 = 10 character taxonomy code002E
- Please note that "PXC" is the correct qualifier and that there is no taxonomy number needed for referring physician.

UB-04 Paper Submission:
- Billing – Box 81CCa should contain the qualifier of "B3" in the left column and the taxonomy code in the middle column.

837I Electronic Submission
- Billing - Loop 2000A PRV01 = "BI" PRV02 = "PXC" qualifier; PRV03 = 10 character taxonomy code

BILLING WITH CORRECT MEMBER ID NUMBER

Member ID #
Correct member ID is required when billing for any Ambetter member. Please be aware that the person indicator is different for the subscriber and dependent(s). This is represented by the last 2 digits of the member ID.

Member Date of Birth Reject:
If you receive a reject related to Date of Birth, please verify that you are billing with the correct Member ID for the patient not the subscriber. The member ID can be verified via the Ambetter web portal.

PERSON INDICATOR
Member ID #:   [1234567890 "01"]

IN NETWORK

Subscriber: [Jane Doe]
Member: [John Doe]
Policy #: [XXXXXXXXX]
Member ID #: [XXXXXXXXXXXXX]
Plan: [Ambetter Balanced Care 1]
[Line 2 if needed]

Effective Date of Coverage:
[XX/XX/XX]
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5463

COPAYS
PCP: $10 coin. after ded.
Specialist: $25 coin. after ded.
Rx (Generic/Brand): $5/$25 after Rx ded.
Urgent Care: 20% coin. after ded.
ER: $250 copay after ded.

Deductible (Med/Rx):
[$250/$500]
Coinsurance (Med/Rx):
[50%/30%]

CONTACT FOR QUESTIONS OR ISSUES WITH ELECTRONIC BILLING
Ambetter c/o Centene EDI Department
1-800-225-2573, extension 6075525
or by e-mail at: EDIBA@centene.com