



**Provider communication**  
*General information and system updates*

November 10, 2023

**Denials for NPI Information**

**Applicable to: Mercy Care Complete Care, Mercy Care ACC-RBHA, Mercy Care Long Term Care, Mercy Care DD, Mercy Care DCS CHP, and Mercy Care Advantage**

As part of our overall claims analysis review, we routinely review our claims for top denial reasons to better assist providers with their accounts receivable. Two of our highest top denial reasons, have to do with the National Provider Identifier as follows:

24J. Rendering Provider ID # (NON SHADED AREA) – RENDERING PROVIDER ID # Required  
The Rendering Provider's 10 digit NPI is required for all providers that are mandated to maintain an NPI #.  
For atypical provider types, the AHCCCS ID must be used unless the provider has chosen to obtain an NPI and has provided this NPI to AHCCCS.

E DIAGNOSIS POINTER	F \$ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I ID QUAL	J RENDERING PROVIDER ID#
				ZZ	Taxonomy Code
				NPI	000000000

- Denial Reason 206 - National Provider Identifier - Missing
- Denial Reason 207 - National Provider Identifier - Invalid Format

There are two issues involved with NPI information, a current issue and a past issue that I'm including here to cover all bases:

**Box 19 on CMS 1500 (most current issue)**

This affects the following Provider Types:

- Integrated Care Clinic (PT IC)
- Behavioral Health Outpatient Clinic (PT 77)
- Clinic (PT 05)

Effective on and after 1/1/23, in order to retain information related to the actual professional practitioner (provider) participating in/performing services associated with clinic visits reported with the IC, 77 or 05 provider type as the service/rendering provider, that professional practitioner (provider) participating in/performing services must also be reported on all claims. Please refer to [AHCCCS Exhibit 10-1 - Provider Types: Integrated Care Clinic \(PT IC\), Behavioral Health Outpatient Clinic \(PT 77\) and Clinic \(PT 05\)](#) for detailed billing information.

Box 19 is also used to identify a corrected claim. If you have a corrected claim when also reporting the above Box 19 information, it should be after the XXNPINAME starting with a \.

**Example: XX1234567890Smith, Stacy\Corrected Claim**

### **Box 24J on CMS 1500 (past issue reminder)**

This appears to predominantly happen with claims billed on paper under Mercy Care Long Term Care and is primarily due to incorrect placement of their AHCCCS ID in Box 24J.

According to AHCCCS (refer to illustration above), key information indicates:

- The Rendering Provider's 10 digit NPI is required for all providers that are mandated to maintain an NPI #.
- For atypical provider types, the AHCCCS ID must be used unless the provider has chosen to obtain an NPI # and has provided this NPI to AHCCCS.

For both missing and invalid denial reason, the reason these claims were rejected was because they were billed with an AHCCCS ID in the shaded COB area of Box 24J. Since providers are considered atypical in that they aren't required to have an NPI number, they must bill with their AHCCCS ID in the unshaded area of Box 24J.

If providers are billing the NPI number in the top box of 24J (the shaded area which is for COB information), the claims are being rejected by our vendor, rather than forwarded to us without the provider information.

In order to assure claims are quickly and accurately processed, it is important to add the NPI number (or the AHCCCS ID if you are considered an atypical provider) to the unshaded area of Box 24J per instructions from AHCCCS. For additional information regarding filling out the CMS 1500 Form, please refer to AHCCCS' [Fee For Service Provider Manual, Chapter 5, Billing on the CMS 1500 Claim Form](#).

As always, don't hesitate to contact your Mercy Care [Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our Mercy Care website.

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