



# Everything You Want to Be in Box 33

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# Agenda

- Quiz time!
- Box 33 requirements
- Common Box 33 Errors
- Impact on MCE Claims
- Questions



**You, you, you oughta know!**

**Quiz time!**



# First Question...

On what type of claims does the IHCP require information in Box 33?

Professional claims. The CMS-1500 or its electronic equivalent.



# Second Question...

Are Box 33 and Box 33a both required on every claim?

Yes!

Box 33 and 33a are both required.



## Third Question...

True or False: The information in Box 33 on a managed care claim does not have to match the IHCP enrollment information.

False.

For managed care claims, the information in Box 33 must match the IHCP enrollment information *exactly*.



## Fourth Question...

Will a claim still pay if Box 33 information does not match the IHCP enrollment file?

No.

Depending on the payor, a claim will either be rejected or denied if Box 33 contains incorrect information.



# Fifth Question...

What is the difference between a rejected claim and a denied claim?

A rejected claim does not enter the payor's claim processing system.

A denied claim is processed, and adjudication determines the claim is not payable.





## Sixth Question...

Are you an atypical provider?

Most likely, no. Atypical providers are nonmedical service providers. An atypical provider will *not* have an NPI. For example, a home modification waiver provider.

If you are an atypical provider, some requirements will be different.



# Tell Me Why?

- So that the payor can make a one-to-one match
  - An NPI must crosswalk to one Provider ID, or the claim will not process correctly
  - 3 data elements are used for the crosswalk:
    - Billing NPI
    - Billing taxonomy code
    - Billing provider service location ZIP Code+4 on file in *CoreMMIS*



# Box 33 Requirements



# When 2 Become 1

- SERVICE LOCATION!
- BILLING PROVIDER!



## Box 33, Yeah You Know Me!

- Box 33 **must** include the **service location** name and address, including the ZIP Code+4 as listed on the provider enrollment profile for the billing or group provider.
- If the U.S. Postal Service provides an expanded ZIP Code for a geographic area, this expanded ZIP Code must be entered on the claim form.



# No, We Don't Want No...

- Home office, legal, pay-to, or mail-to addresses
  - A one-to-one match cannot be established



# Box 33a...ohhh...a...ohhh

- Very simple:
  - Billing Provider NPI.
  - Nothing more, nothing less.



# Box 33b

- Required in two circumstances:
  - The billing provider taxonomy code is required to make a one-to-one match:
  - Atypical providers use this field to enter IHCP Provider ID number.
- Qualifiers:
  - To indicate taxonomy code:
    - ZZ or PXC
  - To indicate an atypical provider:
    - G2

**NOTE:** A taxonomy code is not required if it is not needed to make a one-to-one match.  
33b is not used by most providers.





# Common Box 33 Errors

- ZIP Code+4 does not match the State file
- Incorrect address
  - Pay-to address
  - Legal or billing address

What address needs to be included?

**SERVICE LOCATION ADDRESS!**



# Information and Impact on MCE Claims



# Anthem

- Claims deny
  - Denial code Z33 – Billing NPI Not Attested with the State
- Claims Impact:
  - For April, May, and June 2022:
    - 54,155 claims denied for Box 33 issues
    - 18.68% of Professional Denials



# CareSource

- Claims reject
  - No active provider is found in the MPL based on Billing NPI
  - Blank or invalid taxonomy:
    - Rejection code: PRVNPICSINBL
- Claims Impact:

Month	Number of Claims	Percent of Total Rejections
June 2022	7,701	62%
July 2022	8,524	62%
August 2022	9,162	65%



# MDwise

- Claims reject
  - The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed
    - Rejection message: STC\*A3:25:40\*20190115\*U\*62.87
- Claims Impact:

Month	Number of Claims	Percent of Total Rejections
June 2022	2557	6.51%
July 2022	1763	4.49%
August 2022	3044	7.75%



# MHS

- Claims reject
  - Reject 01 – Invalid Provider ID – Billing Physician
- Claims Impact:

Month	Number of Claims	Percent of Total Rejections
June 2022	2,464	17.66%
July 2022	2,295	15.88%
August 2022	3,321	18.44%



# UnitedHealthcare

- Claims Deny
  - Billing Provider Not Eligible
- Claims Impact:

Month	Number of Claims	Percent of Total Denials
May 2022	1305	13.54%
June 2022	1316	13.33%
July 2022	1305	17.89%



# Do You Remember?

- ZIP Code+4
- Only the *service location* address is acceptable
- Billing NPI in Box 33a



# QUESTIONS?



# 2022 IHCP Works Post-Seminar Survey



Please scan the QR code or click the link below.

[https://infssa.az1.qualtrics.com/jfe/form/SV\\_0xirs6kAcftal4W](https://infssa.az1.qualtrics.com/jfe/form/SV_0xirs6kAcftal4W)

