



## Non-Emergency and Emergency Transportation Services Pick Up/Drop off Location Billing Requirement Reminder

October 15, 2019

Dear Care1st Providers and Staff:

We are required by AHCCCS to submit your claims as electronic encounters. In order to meet our regulatory requirements, we have to collect enough information to successfully transmit the data electronically.

Below are the billing requirements for pick up and drop off locations required for all transportation services, including behavioral health, to prevent denials or rejects of claims for missing/ incomplete information:.

- **Electronic Claims**

- If you bill electronically NO TRIP TICKET REQUIRED as long as loops 2310E (pick-up location) and 2310F (drop off location) are correctly populated!

EXAMPLE:

Loop 2310E – Pick up Location

- NM1\*PW\*2
- N3\*123 MAIN STREET
- N4\*KANSAS CITY\*MO\*64108

Loop 2310F – Drop off Location

- NM1\*45\*2
- N3\*687 MAIN STREET
- N4\*KANSAS CITY\*MO\*64108

- **Paper Claims**

- Trip ticket required on each claim
- Pick up and drop off data requirements
  1. Pick up and/or drop off location = facility, i.e. hospital, SNF
    - street address, city, state, zip required in box 32
    - Facility name is not required; however if present it still must include the complete address
  2. Pick up and/or drop off location ≠ facility (this includes member residence)
    - Street address, city, state, zip required in box 32
  3. Pick up location = area where there is NO street address
    - Intersection or description of where service was rendered (e.g. 'crossroad of State Road 34 and 45' or 'exit near mile marker 265 on Interstate 80'), city, state and zip required in box 32
- Data in box 32 has to be legible for accurate processing and to meet the AHCCCS encounter requirements

*Please call Network Management if you have questions on how to populate this information on your claim.  
We are available to help at the numbers below!*

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**Network Management**

**Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)**

**Fax 602.778.1875/E-mail SM\_AZ\_PNO@Care1stAZ.com**

Visit our website at [www.care1staz.com](http://www.care1staz.com)

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