



Non-Emergency Transportation Services Pick Up/Drop off Location Billing Requirement Reminder 2nd Notification

November 20, 2019

Dear Care1st Providers and Staff:

Pick up and drop off locations are required on all claims for transportation services. **Please note:** This requirement also applies to transportation services rendered by behavioral health providers.

Beginning **December 1, 2019**, claims for transportation services will reject if the pick up/drop off locations are not included.

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.

To prevent claim denials or rejections for missing/ incomplete information, follow the billing requirements for pick up and drop off locations defined below.

- **Electronic Claims**

- Use loops 2310E (pick up location) and 2310F (drop off location). See example below:

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**

- Pick up and drop off location is required in box 32. See below for 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!

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

Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info