



## Provider Validation Requirements for UB-04 Submitted via Paper UB-04 form

Providers treating Empower members must be enrolled with Arkansas Medicaid and must have an active Arkansas Medicaid ID, registered taxonomy, NPI and full physical billing address on file with both Arkansas Medicaid and Empower in order to receive reimbursement.

Empower will be validating data via front-end claim edits. If the data submitted on the claim does not match the data registered with Arkansas Medicaid, claims will reject and providers will need to resubmit with corrected data.

### Atypical Validation

Medicaid ID  
Physical Billing Address (zip 5+4)

Provider types- 06,15,23,27,32  
6,39,50,51,52,53,54,55,56,57,67,  
70,71,72,73,74,75,82,83,84,85,86  
87, 95\*

\*PT 95 with NW, NT, NU, NV specialties  
require NPI

### Standard Validation

NPI  
Taxonomy  
Physical Billing Address (zip 5+4)

## Taxonomy Submission UB-04 Paper

### PAPER SUBMISSION:

**Billing** – Box 81CCa should contain the qualifier of “B3” in the left column and the taxonomy code in the middle column.

80 REMARKS	81CC		
	a	B3	282N00000X
	b		
	c		
	d		

**Attending** - Box 81CCb should contain the qualifier of “B3” in the left column and the taxonomy code in the middle column.

80 REMARKS	81 CC		
	b	B3	282N00000X
	c		