



Provider Validation Requirements for CMS 1500 Submitted via Paper CMS 1500 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 CMS- 1500 Paper

PAPER SUBMISSION:

Rendering – Box 24i should contain the qualifier “ZZ.” Box 24j (shaded area) should contain the taxonomy code.

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. SPECI FIC E	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY		MODIFIER						
													ZZ 208U00000X
													NPI REQUIRED

Billing – Box 33b should contain the qualifier “ZZ” along with the taxonomy code.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()	
SIGNED	DATE	* NPI	^	* REQUIRED	ZZ208U00000X