



MMIC vs. 'Other' Payers claim requirements

Below are three major differences between **Mercy Maricopa** and **Other Payers (commercial or Medicaid (AHCCCS))**.

- 1. **Other payers** REQUIRE a member address to be in the claim; **MMIC** does not. A claim sent without a member address to **Other payers** will error in our system based on payer edits. Those errors look like this:

530	D-Registration	Required Field - Patient Zip Code
520	D-Registration	Required Field - Patient State
510	D-Registration	Required Field - Patient City
500	D-Registration	Required Field - Patient Address

- 2. **Other payers** also REQUIRE a Rendering NPI in each claim (even if the NPI is the same as your Billing Organization’s NPI). The error is reflected like this in SPSI’s system:

11002	D-Registration	Required Field - Rendering Physician NPI. Please Correct and Resubmit.
3100	B-System	Required Field - Provider Name

To fix the Rendering NPI issue, please go to *Tools > Maintenance > Rendering Provider* and enter your organization’s information. **HOWEVER**, this can have unintended consequences if your organization has multiple NPI #s. If this is the case for your group, please contact SPSI, as we’ll have to make a change to your SPSI website to allow you to choose the “Rendering provider” each time you send a claim.

- 3. **MMIC** will accept *either* a CIS ID or an AHCCCS ID. **Other payers** only accept what they call the “Insured’s ID”. The ‘Insured’s ID’ field in our system is the CIS ID currently (we have plans to change the label in the future). Therefore, if billing **Other payers**, list their Member ID (or ‘Insured’s ID’) in the CIS ID Field and clear the AHCCCS ID field.

If billing an **AHCCCS Health Plan** payer, you may simply clear the CIS ID field—you only want to be sending the AHCCCS ID to the **AHCCCS Health Plans**—the CIS ID they do not recognize or use and will reject the claim.

Member / CIS ID:

AHCCCS ID: