



# Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials

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2025 IHCP Works Annual Seminar



# Agenda

- Quiz Time!
- Claims Impact and Amount Lost
- Provider Classifications
- National Provider Identifier (NPI) and Legacy Provider ID (LPI)/Indiana Health Coverage Programs (IHCP) Provider ID
- Box 33 Requirements
- Identifying Claim Denials/Rejections due to Box 33
- Common Box 33 Errors
- Resources
- Questions



# Quiz Time!



# First Question...

On what type of claims does the Indiana Health Coverage Programs (IHCP) require information in Box 33?

Professional claims. The *CMS-1500* or its electronic equivalent.



## Second Question...

Are Box 33 and Box 33a both required on every claim?

Maybe!

Yes, for healthcare providers. No, for waiver providers.



## Third Question...

True or False: The information in Box 33 on a managed care claim does not have to match the IHCP enrollment information.

False.

For managed care claims, the information in Box 33 must match the IHCP enrollment information *exactly*.



## Fourth Question...

Will a claim still pay if Box 33 information does not match the IHCP enrollment file?

No.

Depending on the payer, a claim will either be rejected or denied if Box 33 contains incorrect information.



## Fifth Question...

What is the difference between a rejected claim and a denied claim?

A rejected claim does not enter the payer's claim processing system.

A denied claim is processed, and adjudication determines the claim is not payable.





## Sixth Question...

Are you an atypical provider?

Maybe! Atypical providers are non-medical service providers. The most common atypical provider is a waiver provider.

Healthcare providers and atypical providers have different requirements for Box 33. We'll go over both.



## Seventh Question...

How many total dollars have IHCP providers had rejected or denied by all payers in August 2025 because of Box 33 issues?

\$59,441,483.11



# Claims Impact and Amount Lost



# Number of Claims Rejected or Denied for Box 33 Issues

	CareSource	MDwise	Managed Health Services (MHS)	Anthem	Humana	UnitedHealthcare (UHC)
June 2025	15,718	33,809	15,688	28,785	29,489	7,012
July 2025	15,361	4,663	9,934	25,507	21,930	7,011
August 2025	16,748	10,075	6,110	24,307	27,070	6,046

On average, each managed care entity (MCE) had 16,959 claims rejected or denied per month due to Box 33.



# Percent of All Rejected Claims

- For one payer in Quarter 2 of 2025, **92% of all rejected claims** were due to incorrect, invalid, or missing information in Box 33.
- Generally, Box 33 issues accounted for between 5-10% of all denied claims.

# Total Dollar Amount Rejected or Denied, per Quarter



Month	Dollar Amount
June 2025	\$85,367,197.85
July 2025	\$62,224,400.07
August 2025	\$59,441,483.11
TOTAL	\$207,033,081.03

Imagine if your office accounted for just 0.01% of that total. That would be \$20,703.31!



# Provider Classifications

# Types of Provider Enrollments



## Rendering Provider:

- A practitioner or other provider performing services for a group practice and linked to a common TIN. A provider enrolled as a rendering provider under one or more groups at one or more service locations may also enroll as a billing provider at a different service location.
- The licensed individual providing the service.

## Billing Provider:

- A practitioner operating as an individual or sole practitioner, or an organization operating as a business entity, billing for services at a distinct location, with no rendering providers linked to the practice or entity.
- Most waiver providers are billing providers.

## Group Provider:

- A practice or business entity operating at a distinct service location with one or more practitioners (rendering providers) linked to a common taxpayer identification number (TIN) for billing. Group providers must ensure that rendering providers are linked to each service location where they render services for the group practice.
- Healthcare providers are often group providers.





# The Term “Billing Provider”

- A Billing provider refers to the type of enrollment. This is an individual or sole proprietor or an organization operating as a billing entity.
- A billing provider refers to the entity that is being billed on a claim. This could either be a Billing provider or a Group provider.
  - Box 33 requires a billing provider NPI for healthcare providers.



# **NPI and LPI/IHCP Provider ID**



# NPI

- Individual providers and organizations receive an NPI from the National Plan and Provider Enumerator System (NPPES).

## Type 1 NPI

- A healthcare provider that is conducting business as an individual or as a sole proprietor must obtain a Type 1 NPI.

## Type 2 NPI

- A healthcare provider that is conducting business as an organization or a distinct subpart of an organization, such as a group practice, a facility, or a corporation, must obtain a Type 2 NPI.

- Healthcare providers must include an NPI on their IHCP provider enrollment application.



# LPI/IHCP Provider ID

- LPI and IHCP Provider ID are two names for the same number.
- An IHCP Provider ID is a 9-digit number that may be followed by an alpha character. If there is no alpha character, the number will most likely start with a 3.
  - 123456789A
  - 300199999
- This number is assigned to Medicaid providers as they complete the IHCP enrollment process.
- For waiver providers, this is the only provider number used for claim submission.
- Healthcare providers also have a Provider ID that is unique to each service location.
  - OMPP Provider Relations will often ask for this number instead of an NPI to correctly identify the specific enrollment to assist with provider questions.



# NPI and Provider ID with Box 33

Are you a waiver provider?



Use your Provider ID  
in Box 33b.

Are you a healthcare  
provider?

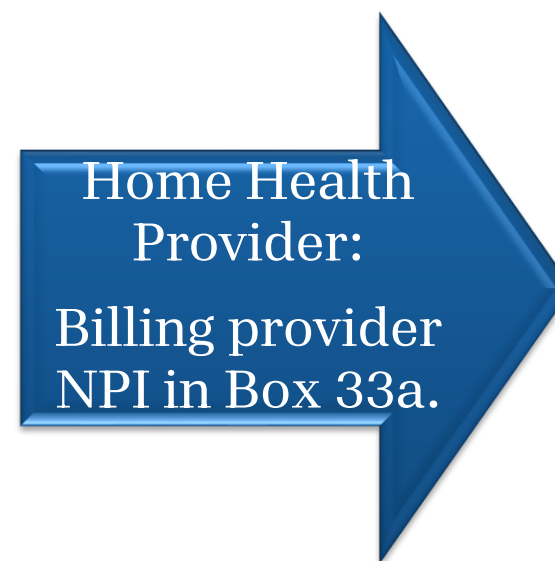
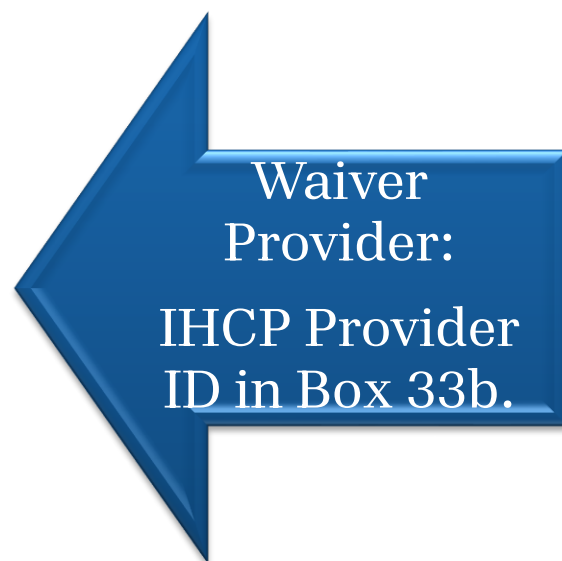


Use your billing  
provider NPI in Box  
33a.



# Note for Home Health and Waiver Providers

- Oftentimes the same company provides both home health and waiver services.
- These providers will have two separate IHCP enrollments.





# Box 33 Requirements



# Sample CMS-1500 Claim Form

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. CHARGES		G. DAYS ON UNITS		H. ICD-9-CM		I. QUAL		J. RENDERING PROVIDER ID. #	
From	To	MM	DD	YY	MM	DD	YY	EMG	PTHCPCB	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS ON UNITS	ICD-9-CM	QUAL	RENDERING PROVIDER ID. #			
1																			
2																			
3																			
4																			
5																			
6																			

25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Revid for NUCC Use	
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE 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					

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

- This information is also included on an electronic submission or a portal submission for any Medicaid payer.





# One-to-One Match Elements and Processing Order

- Billing provider NPI
- Taxonomy code
- Service location name and address including ZIP + 4



## Field 33

- Box 33 **must** include the SERVICE LOCATION name and address including the ZIP code + 4, exactly as listed on the IHCP provider enrollment profile for the billing or group provider.
- If the U.S. Postal Service provides an expanded ZIP Code for a geographic area, this expanded ZIP Code must be entered on the claim form.
- This address may differ from the legal, pay-to, or mail-to address on file. These addresses would prevent a one-to-one match.



## Field 33a

- Healthcare providers must enter their billing provider NPI.
- This NPI would be the NPI on either the Billing or Group enrollment with the IHCP.
- Waiver providers **do not** enter anything in this field.



## Field 33b: Healthcare Providers

- If a taxonomy code is needed to make a one-to-one match, the appropriate taxonomy code must be entered in field 33b.
- This may be necessary if the healthcare provider has multiple locations.
- Also enter qualifier ZZ or PXC.
- If the taxonomy is necessary to make the one-to-one match, this field is **required**.



## Field 33b: Waiver Providers

- If the billing provider is an **atypical provider**, enter the qualifier G2 and the billing provider's **IHCP Provider ID**. **Required** for atypical billing providers.

Review the *CMS-1500* Claim Form – Field-by-Field Instructions section of the [Claims Submission and Processing](#) provider reference module.



# **Identifying Claim Denials/Rejections Due to Box 33 Errors**



# Denial/Reject Reason Codes

- Denial reasons will often mention “Invalid Provider ID,” “Provider not linked to the state,” or mention the state file.
- The codes may not make it clear that the issue is with the information in Box 33.
- Taking time to review the denial/rejection codes from each payer will make it easier to identify or correct Box 33 denials.



# MCE Rejection Codes: MHS and Anthem

## MHS

- 01 – Invalid Provider ID – Billing Physician (Provider State Crosswalk File)
- B1 – Rendering and Billing NPI are not tied on state file

## Anthem

- Rejects claims that have missing or incorrect information
- 126 – Invalid Address
- 562 – Missing NPI or Invalid NPI





# MCE Rejection Codes: CareSource and UHC

## CareSource

- Electronic Data Interchange (EDI) claims reject
- Code: NPI – Claim marked for rejection because no active provider is found in MPL
- A variety of specific descriptions depending on the type of error

## UHC

- Billing NPI, Taxonomy, Zip, or Zip +4 was missing or was not registered with the State of Indiana for this DOS. This claim is rejected and will not be processed.



# MCE Denial Codes: CareSource, MDwise, UHC

## CareSource

- Paper and portal claims deny
- Code: KNP – Incorrect/Invalid rendering prov NPI

## MDwise

- BE049 – The NPI, taxonomy and/or service location billed does not match IHCP or internal records

## UHC

- WI3 – Billing Provider NPI not registered with the state



# MCE Denial Codes: Humana and Anthem

## Humana

- 53Y – Payment is not allowed because the taxonomy code for the billing provider NPI was missing/incorrect on this claim
- 775 – Payment is not allowed because the billing provider ZIP Code is invalid and does not match the state provider file
- 313 – No valid billing Medicaid ID

## Anthem

- Deny when all information is present but still cannot make a one-to-one match
- Z68 – Billing NPI, taxonomy, ZIP+4 combination is not a match to state file



# Common Box 33 Errors



# Error: Service Location Address

- Providers enter a different address than the service location address on the enrollment profile with the state.
- For healthcare providers, this is usually the address where the services were rendered.
- For waiver providers, this is usually not where the services were rendered.
- The mail-to or pay-to addresses on file may be different.
- The address must also match the U.S. Postal Service.



# Error: Waiver Providers Entering NPI

- Waiver providers should only enter the IHCP Provider ID in Box 33b.
- When billing through Availity for Anthem or Humana, ensure profile was created correctly.
- When billing with UHC on their portal, select “No” when asked if you have an NPI.
- Even if your organization has an NPI, do not use it when billing waiver services.



# Error: Rendering Providers Not Linked to Group Provider

- Not a Box 33 error, but often see similar denial reasons, such as “Rendering Provider Not Enrolled with the State.”
- All rendering providers have to be linked to the group enrollment on the IHCP enrollment for claims to pay.
- This is Date of Service (DOS) specific. If the rendering provider is linked beginning the day after, the claim will not pay.



# Resources





# Resource Information

- [Provider Enrollment](#) provider reference module
- [Claims Submission and Processing](#) provider reference module
- Please always reach out to the Provider Relations teams for each payer for assistance first!
- [OMPPPProviderRelations@fssa.in.gov](mailto:OMPPPProviderRelations@fssa.in.gov)
- [OMPPPProviderEnrollment@fssa.in.gov](mailto:OMPPPProviderEnrollment@fssa.in.gov)



# IHCP Bulletins: Sign Up

- Providers can receive important news and updates by [signing up!](#)

## Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

**Sign Up**



# Questions?

Please scan the QR code and complete the session evaluation!

