

Attention All Providers:

In order to report the National Provider Identifier (NPI), the National Uniform Billing Committee (NUBC) has revised the UB-92 (CMS-1450). CareSource will be adopting this new UB-04 (CMS-1450) Form in order to be compliant with the Federal NPI initiative. CareSource is now accepting either version of the CMS-1450.

The NUBC website <http://www.nubc.org/> contains instruction manuals for your reference.

We have provided some instruction below for key fields that are necessary to process your claims and ensure no interruption in payment. Please include the following identifiers on claims until such date as we note in future communications:

- NPI (all relevant NPIs should be included)
- IRS Tax ID number
- CareSource Provider ID number

Use of these identifiers will ensure your claims are paid accurately and timely during this transitional period.

Changes to the Form

FL 1: Provider name and address.

FL 2: Name and Address of "Pay To" Provider, if different than Field 1.

FL 5: Federal Tax Number of the billing provider.

FL56: NPI number of the billing provider indicated in FL 1. This 10 digit number refers to the HIPAA National Provider Identification number of the provider.

FL57: Other Provider ID – CareSource Provider ID.

FL76: Attending (If Applicable) - The National Provider ID and name of the attending physician.

FL77: Operating (If Applicable) - The National Provider ID and name of the operating physician, if a surgical procedure is performed.

FL78 & FL79: Other (If Applicable) - The National Provider ID and name of other physicians.

FL81CC: Code-Code Field (If Applicable) - The provider taxonomy code for the billing provider. Enter qualifier B3 (Health Care Provider Taxonomy Code) in the first small space next to a, b, c, or d. Enter provider taxonomy code in the larger box to the right of the qualifier.



1 John Doe 1 South Main Street Dayton, OH 45202-1234		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
8 PATIENT NAME		15 SRC		5 FED. TAX NO. 211111111		6 STATEMENT COVERS PERIOD FROM THROUGH	
FL 1: Provider name and address		FL 2: "Pay To" provider name and address, if different than FL 1				FL 5: Federal Tax Number	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 CODE		40 CODE		41 CODE		42 CODE	
43 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO.		53 ASG. RFL.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67		68		69	
70 PATIENT REASON DX		71 PRS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI	
78 OTHER NPI		79 OTHER NPI		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	

FL56: NPI

FL57: CareSource Provider ID

FL76: Attending

FL77: Operating

FL81CC: Taxonomy Qualifier and Code

FL78 & 79: Other