



Network Notification

Notice Date: February 1, 2019
To: Kentucky Medicaid Health Partners
From: Humana – CareSource®
Subject: FQHC and RHC Billing Requirement Change - UPDATE
Effective Date: August 1, 2018

Effective Aug. 1, 2018, the Kentucky Department for Medicaid Services (KDMS) updated billing provider taxonomy claim requirements for the following provider types:

- Federally qualified health centers (FQHCs), provider type 31 with a specialty code 080
- Rural health centers (RHCs), provider type 35

Specific Change:

If billing providers have only one taxonomy linked to their National Provider Identifier (NPI) listed on the KDMS master provider list (MPL), then their claims do not need to include taxonomy (refer to Appendix – Claim Taxonomy Examples). Taxonomy is still required for the following:

- Billing providers who have multiple taxonomies linked to their NPI on the KDMS MPL
- All rendering providers

Action Checklist:

1. Confirm that your KDMS MPL information is up to date, including:
 - Rendering and billing provider tax ID number (TIN)
 - Rendering and billing taxonomy codes
 - Address
 - NPI

Please send updated information on your letterhead to:

Kentucky Medicaid, Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

If you have questions, please contact your Humana – CareSource’s provider representative. You can find your representative at CareSource.com/documents/provider-relations-representative-county-assignment-map/.

2. Confirm that your claims include:
 - The correct rendering and billing TIN
 - Rendering and billing taxonomy codes
 - Rendering and billing provider addresses
 - NPI, if applicable
3. If claims you submitted from Aug. 1, 2018, to Aug. 28, 2018, receive rejections, please refer to the network notification dated Aug. 16, 2018, for guidance on how to resubmit claims.

Questions?

If you have any questions regarding this change, please call Provider Services at **1-855-852-7005**. Hours of operation are Monday to Friday, 8 a.m. to 6 p.m. Eastern time.

KY-HUCPO-1074

Appendix - Claim Taxonomy Examples

Box 24J = Rendering Provider Taxonomy

R SUPPLIES (M)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF LIMITS	H. PLAN (M)	I. ID. QUAL.	J. RENDERING PROVIDER ID #
					NPI	

Box 24I = ZZ qualifier in box 24I for Rendering Provider Taxonomy

R SUPPLIES (M)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF LIMITS	H. PLAN (M)	I. ID. QUAL.	J. RENDERING PROVIDER ID #
					NPI	

Box 33b = Billing Provider Taxonomy

DEFINITION	33. BILLING PROVIDER INFO & PH # ()
	a. NPI b.

1500 HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

1. PATIENT'S NAME (Last Name, First Name, Middle Initial) SMITH, JAMES A.

2. PATIENT'S ADDRESS (No., Street, City, State, ZIP Code) 934 NORTH STREET, COLUMBUS, OH 432150000

3. PATIENT'S POLICY OR GROUP NUMBER 111002222

4. EMPLOYER'S NAME OR SCHOOL NAME

5. RENDERING PROVIDER ID # (NPI) 81CC

6. BILLING PROVIDER ID # (NPI) 81CC

7. DATE OF SERVICE 03/12/2004

8. PROCEDURE, SERVICE, OR SUPPLY CODES T560X1, T560X4

9. CHARGES 1484

10. BALANCE DUE 000

11. SIGNATURE OF PROVIDER (Print Name and Title) JAMES A. SMITH, MD

12. SIGNATURE OF BILLING PROVIDER (Print Name and Title) JAMES A. SMITH, MD

13. FACILITY LOCATION INFORMATION 934 NORTH STREET, COLUMBUS, OH 432150000

14. BILLING PROVIDER INFO & PH # 81CC

15. TOTAL CHARGE 1484

16. AMOUNT PAID 000

17. BALANCE DUE 000

18. STATE OF SERVICE OH

19. COUNTY OF SERVICE OH

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Box 81 = Billing Taxonomy

a.	OTHER PROCEDURE CODE	b.	DATE
03	T560X1	2004	12
c.	OTHER PROCEDURE CODE	d.	DATE
12	T560X4	2004	12

LOCAL HOSPITAL 3423 SMALL STREET COLUMBUS, OH 432150000

123 MAIN STREET KANSAS CITY, MO 64108

111002222 900617 050617

SMITH, JAMES A. 34902390F

934 NORTH STREET COLUMBUS, OH 432150000

03012: CODEBASE (HCPCS-2004) 82270 050617 1 1484 000

PAGE 1 OF 1 CREATION DATE 130107 TOTALS 1484 000

CONSERVATIVE INSURANCE 00123 Y Y

SMITH, JAMES A. 36 34902390F 34561W

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