



## Network Notification

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**Date:** 04/19/13

**Number:** KY-P-2013-04

**To:** Office Manager/Participating Health Care Provider

**From:** Humana – CareSource

**Subject:** Tips to Facilitate Claims Processing

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Humana – CareSource™ uses Optum/Ingenix for coding guidelines. Outlined below are a number of helpful tips to facilitate claims processing:

- Review coding guidelines and bill with appropriate modifiers.
- Follow ICD-9 coding guidelines when submitting a claim with a “V” diagnosis code.
- Submit a modifier for all physical/occupational/speech therapy (PT/OT/ST) codes. (Follow Optum/Ingenix guidelines for correct-coding guidance.)
- Confirm that the CPT® codes submitted are appropriate, as many CPT codes were updated on January 1, 2013.
- Specify tooth numbers, quadrants or arches applicable to the services rendered for dental claims.
- Include a billable unit in box 46 for claims submitted on a UB-04 (whether for inpatient or outpatient services). This field cannot be “null” or contain zeros.
- Follow the National Uniform Billing Committee (NUBC) guidelines for facility claims, which specify revenue codes that require a CPT/HCPCS code for each line item.
- Remember to bill with the Humana – CareSource member ID number (not the Medicaid ID number) and include it in the proper box, as noted below:

Form Type	Box Number	EDI Loop and Segment	EDI Requirement
ADA (dental)	15	NM109, Loop 2010BA	Y
CMS-1500	1A	NM109, Loop 2010BA	Y
UB-04	60	NM109, Loop 210BA	Y

For additional billing questions, please contact Provider Relations at 1-855-852-7005, Monday through Friday from 8 a.m. to 6 p.m. EDT or check our provider portal at [www.caresource.com/KY](http://www.caresource.com/KY), as we’re updating the information regularly.