



Network Notification

Notice Date: November 6, 2019
To: Ohio Medicaid and MyCare Providers
From: CareSource
Subject: Important Billing Provider Address Reminder
Effective Date: December 6, 2019

Impact

Claims billed with Billing Provider address containing any variation of P.O.BOX will be denied for payment, effective Dec. 6, 2019 per National Unified Billing Committee (NUBC) and Ohio Department of Medicaid (ODM) billing guidelines.

Please see exhibits below for guidelines on the proper method to submit Billing Provider address on UB04/HCF A1500 and X12 837I & P.

ODM Communication:



Dear Trading Partners,

NOW IS THE TIME to test your EDI transactions to make sure that your files do not contain any of these anomalies. These items will cause your EDI transactions to be rejected with the 999 Implementation Acknowledgement and an HTML report. Any issues not resolved will also be rejected in Production beginning in December 2019.

1	ASCII Control Character (SUB) after the IEA segment.	GE*1*876843478~IEA*1*000008674~ SUB
2	NULL characters after the IEA segment. While this is a bundled X12, there is a new line after the IEA.	~IEA*1*001860100~ LF NOT/NOT/NOT/NOT
3	GS02 with spaces after the TP Id	GS*HS* 0012345 *MMISODJFS*20190711*
4	NPI prefixed or followed by spaces	NM1*DK*1*LAST*FIRST****XX* 1234567891~ NM1*DK*1*LAST*FIRST****XX*1234567891 ~
5	2 segment separators found together	N3*3710 MAIN STREET~~
6	Multiple ISA/IEA envelopes with one containing a different sender id	Note: while it is permissible it is recommended that only 1 ISA/IEA be submitted per file.
7	Loop 2010AA – Billing Provider Address N3 segment <u>MUST</u> <u>NOT</u> be a P.O. Box	N3*PO BOX 1953~ N3*575 O-G RD STE 3, PO BOX 312~

Guidelines for Properly Reporting Billing Provider Address on UB04:

1450 (UB-04) Form			Electronic Data			
Blocks	Field Description	Loops	Segments	Qualifiers	Electronic Description	
1	Provider Name	2010AA	NM1	85	Billing Provider Name	
1	Provider Address	2010AA	N3, N4		Billing Provider Address	
2	Pay-To Name	2010AB	NM1	87	Pay-To Name	
2	Pay-To Address	2010AB	N3,N4		Pay-To Address	

Any Hospital 123 Any Street Philadelphia PA 19103		Any Hospital 456 Any Street Philadelphia PA 19103		3a PAI CNIL # 1234 b. MED. REC. # 98765	4 TYPE OF BILL 0111
5 FE D. TAX NO. 221234567		6 STATEMENT FROM 11 03 06		7 COVERS PERIOD THROUGH 11 04 06	
8 PATIENT NAME Doe, John		9 PATIENT ADDRESS 1234 Main Street Philadelphia		7 RESERVED	
10 BIRTHDATE 03 20 1971		11 SEX M		12 DATE OF ADMISSION 11 03 06	
13 HR 08		14 TYPE 3		15 SRC 3	
16 DHR 12		17 STAT 01		18-21 CONDITION CODES	
22-25 IDENTIFYING EVENTS		26-28 IDENTIFYING EVENTS		29 ACCT STATE PA	
30 STATE		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 OCCURRENCE DATE		40 OCCURRENCE DATE		41 OCCURRENCE DATE	
42 RE V. CD. 0129		43 DESCRIPTION Semi-Private		44 HCPCS /RATE /HIPS CODE 200.00	
45 SE RV. DATE		46 SE RV. UNITS 2		47 TOTAL CHARGES 400.00	
48 NONCOVERED CHARGES 0.00		49 FUTURE USE		50 FUTURE USE	
51 FUTURE USE		52 FUTURE USE		53 FUTURE USE	
54 FUTURE USE		55 FUTURE USE		56 FUTURE USE	
57 FUTURE USE		58 FUTURE USE		59 FUTURE USE	
60 FUTURE USE		61 FUTURE USE		62 FUTURE USE	
63 FUTURE USE		64 FUTURE USE		65 FUTURE USE	
66 FUTURE USE		67 FUTURE USE		68 FUTURE USE	
69 FUTURE USE		70 FUTURE USE		71 FUTURE USE	
72 FUTURE USE		73 FUTURE USE		74 FUTURE USE	
75 FUTURE USE		76 FUTURE USE		77 FUTURE USE	
78 FUTURE USE		79 FUTURE USE		80 FUTURE USE	
81 FUTURE USE		82 FUTURE USE		83 FUTURE USE	
84 FUTURE USE		85 FUTURE USE		86 FUTURE USE	
87 FUTURE USE		88 FUTURE USE		89 FUTURE USE	
90 FUTURE USE		91 FUTURE USE		92 FUTURE USE	
93 FUTURE USE		94 FUTURE USE		95 FUTURE USE	
96 FUTURE USE		97 FUTURE USE		98 FUTURE USE	
99 FUTURE USE		100 FUTURE USE		101 FUTURE USE	

Red = Required
Black = Situational/Required, if applicable/Optional

HCFA-1500:

CMS-1500 Item #	Description	ANSI 837 v5010 Loop, Segment, Element
31	Provider Signature Indicator	2300, CLM, 06
32	Facility Lab Name	2310C, NM1/77, 03
	Facility Lab NPI	2310C, NMI/77, 09
	Place of Service Address	2310C, N3, 01
	Place of Service City	2310C, N4, 01
	Place of Service State	2310C, N4, 02
	Place of Service Zip Code	2310C, N4, 03
	Lab ID (Complete this item for all laboratory work performed outside a physician's office. If an independent laboratory is billing, enter the place where the test was performed.)	2400, PS1, 01
	Mammography Certification Number	2300 or 2400, REF/EW, 02
32a	Facility NPI Number	2310C, NM1/77, 09
32b	Facility Qualifier and Legacy Number (No longer reported.)	Not used
33	Organization Name	2010AA, NM1/85, 03
	Provider's Last Name	2010AA, NM1/85, 03
	Provider's First Name	2010AA, NM1/85, 04
	Address	2010AA, N3, 01
	City	2010AA, N4, 01
	State	2010AA, N4, 02
	Zip Code	2010AA, N4, 03
33a	Billing Provider NPI	2010AA/NM1/85/09 (08 = XX)
33b	Billing Provider Legacy Number or PIN (No longer reported.)	No longer used, effective 5/23/08

Guidelines for Properly Reporting Billing Provider Address on X12 – 837I & P:

N3

Billing Provider Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
N301	166	Address Information <i>Industry: Billing Provider Address Line Alias: Billing Provider Address 1 Medi-Cal Note: Medi-Cal will use only first 26 characters. CMS-1500 form field number 33.</i>	M	AN	1/55	Required	1
N302	166	Address Information <i>Industry: Billing Provider Address Line Alias: Billing Provider Address 2 Medi-Cal Note: Medi-Cal will use only first 26 characters. CMS-1500 form field number 33.</i>	O	AN	1/55	Situational	1

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

Questions?

For questions around this issue, please access the [Office of Policy Hospital Billing Guidelines](#) on ODM's website.

OH-P-1713