Network Notification

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Date: April 19, 2012   **Number: OH-P-2012-11a**
                                                          MI-P-2012-05a
To: Ohio and Michigan Providers

From: CareSource

Subject: Update on Provider Identification Numbers and Legacy ID on Claims

Effective Date: April 19, 2012

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Please ensure all 5010 transactions include your National Provider Identifier (NPI) number (required) and Legacy ID (optional) on all Professional, Institutional, Dental claims (Dental, Ohio only).

Although Legacy provider ID numbers are <u>optional and not required</u>, we strongly encourage you to submit these numbers in conjunction with your NPI and Tax ID numbers to allow faster and more efficient processing of claims.

Location of NPI & Legacy ID on 837 <u>Professional</u> Claims:

Loop	Description	Instructions
2010BB	Payer Name – 5010 allows billing provider secondary information in this loop	Billing Provider ID from Box 33b on the CMS 1500 form
2310B	Rendering Provider	Shaded portion of Box 24J on the CMS 1500 form
2420A	Rendering Provider (Line Item Level) –This only occurs when more than one servicing/rendering Provider is on the claim	Shaded portion of Box 24 for each line item on the CMS 1500 form

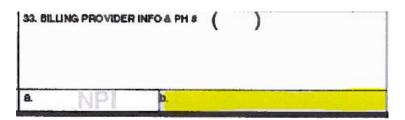**Location of NPI & Legacy ID on 837 <u>Institutional</u> Claims:**

Loop	Description	Paper Form Location
2010BB	Payer Name – 5010 allows billing Provider secondary information in this loop	Billing Provider ID from Box 57A on the UB 04 form

Location of NPI & Legacy ID on 837 <u>Dental</u> Claims – Ohio Providers Only:

Loop	Description	Paper Form Location
2010BB	Payer Name – 5010 allows billing Provider secondary information in this loop	Billing Provider ID from Box 52A on the ADA form
2310B	Rendering Provider	Box 58 on the ADA form

<u>Instructions for the CMS 1500 Form (Professional Claims):</u>

2010BB – Payer Name (5010 allows billing Provider secondary information in this loop). Box 33b on the CMS 1500 form:

2310B – Rendering Provider (Shaded portion of Box 24J on the CMS 1500 form):
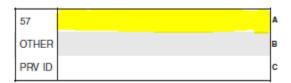

2420A – Rendering Provider (Line Item Level). This scenario occurs only when there's more than one servicing/rendering Provider on the claim. Complete the shaded portion of Box 24J for each line item on the CMS 1500 form:

Instructions for the UB04 Form (Institutional Claims):

2010BB – Payer Name (5010 allows billing Provider secondary information in this loop). Box 57A on the UB 04 form:

57		A
OTHER		B
PRV ID		C

ADA Form (Dental Claims) – Ohio Providers Only:

2010BB – Payer Name (5010 allows billing Provider secondary information in this loop). Box 52A on the ADA Dental form:

| 52A. Additional Provider ID | |

2310B – Rendering Provider (Box 58 on the ADA Dental form):

| 58. Additional Provider ID | |

Please include this information on all 837 transactions to ensure higher acceptance and adjudication rates. Please contact your EDI vendor directly if you need assistance on identifying numbers on the forms you are submitting to the vendor.

Visit the previous Network Notification on Provider Identification Numbers and Legacy ID on claims.