



# Network Notification

**Date:** March 7, 2016  
**To:** Ohio Health Partners  
**From:** CareSource®  
**Subject:** Paper Claims Processing: Rendering and Billing NPI Requirements

CareSource is pleased to work with you to serve our members, and we are dedicated to providing you with the best service and support possible. To process your claims efficiently and effectively, we want to remind you of important rendering and billing National Provider Identifier (NPI) requirements.

## CMS – 1500 Form

To facilitate the accurate and prompt payment of claims, please remember to fill out the rendering and billing NPI both accurately and completely.

When completing the CMS – 1500 Form, be sure to include complete information in the boxes outlined below:

### Box 24J: Rendering Provider ID

J.
<b>RENDERING PROVIDER ID. #</b>

**IMPORTANT NOTE** – when completing Box 24J, DO NOT put information in the shaded areas. Rendering NPI placed in the shaded areas will not be recorded.

### Box 24 (A-J):

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES	G. DAYS OR UNITS	H. SP/DI FILITY Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
CPT/HCPCS	MODIFIER							
99214			A	164.00	1		NPI	999999991
87804	QW		A	39.00	1		NPI	999999992
87804	QW	59	A	39.00	1		NPI	
99213			A	120.00	1		NPI	999999993

Box 24 (A-J) must be filled out accurately and completely to be accepted. Missing fields, even if they are duplicated from the box above (I.E. Box 24J), should be filled out again on the appropriate line. **The above is an example of an incorrect submission – the ID # is missing on the third row.**

The image shows a full CMS-1500 Health Insurance Claim Form. It includes sections for:
 

- 1. MESSAGE CENTER
- 2. PATIENT'S NAME
- 3. PATIENT'S ADDRESS
- 4. OTHER INSURER'S NAME
- 5. RESERVED FOR NUCC USE
- 6. INSURANCE PLAN NAME
- 7. PATIENT'S DATE OF BIRTH
- 8. PATIENT'S RELATIONSHIP TO INSURED
- 9. PATIENT'S CONDITION RELATED TO CLAIM
- 10. EMPLOYMENT STATUS
- 11. INSURER'S POLICY GROUP OR PLAN NUMBER
- 12. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY CLAIM
- 13. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
- 14. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE
- 15. DATE OF SERVICE
- 16. PROCEDURE, SERVICE, OR SUPPLIER
- 17. FEDERAL TAX ID NUMBER
- 18. PATIENT'S ACCOUNT NO.
- 19. TOTAL CHARGE
- 20. AMOUNT PAID
- 21. SIGNATURE OF PHYSICIAN OR SUPPLIER
- 22. SERVICE FACILITY LOCATION INFORMATION
- 23. BILLING PROVIDER INFO & PAY #

**Box 31: Signature of Physician or Supplier**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER  
INCLUDING DEGREES OR CREDENTIALS  
(I certify that the statements on the reverse  
apply to this bill and are made a part thereof.)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Box 33: Billing Provider Info & PH**

**Box 33a: Billing Provider NPI**

33. BILLING PROVIDER INFO & PH# ( )

a. NPI b. PH#

APPROVED OMB-0938-1197 FORM 1500702-121

Make sure to sign and date the form in Box 31.

Complete the Billing Provider Information and Phone Number; make sure to place the NPI in Box a.

**CareSource will reject claims that are received without valid rendering and billing NPI.**

Note: The Ohio Medicaid provider types that do not require a rendering NPI are listed below:

- Independent Laboratory
- Federally Qualified Health Center (FQHC)
- Durable Medical Equipment (DME) Supplier
- Ambulance
- Medicare Certified Home Health Agency
- Pharmacy
- Waivered Services Organization
- ODADAS Certified/Licensed Treatment Program
- Hospice
- Rural Health Clinic
- Independent Diagnostic Testing Facility
- Other Accredited Home Health Agency
- Portable X-Ray Supplier
- Anesthesia Assistant Individual
- Private Duty Nurse
- Targeted Case Management
- Home and Community Based ODA Assisted Living
- Wheelchair Van
- Medicaid School Program
- Nursing Facility
- State Operated ICF-MR
- Help Me Grow
- Non-Agency Personal Care Aide
- Non-State Operated ICF-MR
- Non-Agency Home Care Attendant

Thank you for your continue participation with CareSource. If you have any questions, please contact our Provider Services Department at 1-800-488-0134.