

Network Notification

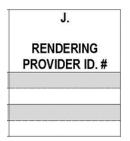
Date:March 7, 2016To:Ohio Health PartnersFrom:CareSource®Subject:Paper Claims Processing: Rendering and Billing NPI Requirements

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.

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



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):

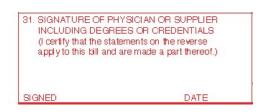
T/HCPCS	MO	DIFIER	POINTER	\$ CHARGES	UNITS	H, EPSDT Family Flan	QUAL	PROVIDER ID. #
99214			A	164.00	1	1	NPI	9999999991
87804	aw		A	39.00	1		NPI	99999999992
87804	QW 59		A	39.00	1	1	NPI	

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.

CMS - 1500 Form



Box 31: Signature of Physician or Supplier



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

Box 33: Billing Provider Info & PH Box 33a: Billing Provider NPI

a. NPI b.	33. BILLIN	NG PROVIDER	INFO & PH #	()	
a. NPI b.						
	a.	NPI	b.			

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.

OH-P-1136