

## Network Notification

Date: September 25, 2014

Number: KY-P-2014-15a

To: Participating Health Care Providers

From: Humana – CareSource® (KY) Medicaid

Subject: Provider ID Requirements for Paper Claim Forms

Humana – 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 facilitate the accurate and prompt payment of claims, please use your federal tax identification number (TIN) and national provider identifier (NPI) when submitting claims to Humana – CareSource.

Use the Humana – CareSource provider billing number to register on the provider portal at [www.caresource.com/providers/kentucky/providerportal](http://www.caresource.com/providers/kentucky/providerportal).

Please include these numbers when completing the following forms:

### CMS-1500 – Typical Providers:

**Box 24i: (Shaded) ZZ qualifier for rendering provider taxonomy**

I.	J.
ID. QUAL.	RENDERING PROVIDER ID. #
NPI	
NPI	

**Box 24j: (Shaded) Rendering provider taxonomy**

I.	J.
ID. QUAL.	RENDERING PROVIDER ID. #
NPI	
NPI	

Word changed to shaded

33. BILLING PROVIDER INFO & PH # ( )	
a.	b.

**Box 33b: (Shaded) Billing provider taxonomy**

33. BILLING PROVIDER INFO & PH # ( )	
a.	b.

[illegible]

### Box 25: Tax ID number

25. FEDERAL TAX I.D. NUMBER ☐ SSN ☒ EIN

<b>Box 33a: G2 qualifier</b>	
<b>33. BILLING PROVIDER INFO &amp; PH # ( )</b>	
<b>a.</b>	<b>b.</b>

**Box 33b: Medicaid ID**

<b>33. BILLING PROVIDER INFO &amp; PH # ( )</b>	
a.	b.

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL INSURANCE CLAIM COMMITTEE (NICC) 2012

FORM 1												FORM 2											
1. MEDICARE (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare) (Medicare)												16. INSURER'S ID NUMBER (For Program in Item 1)											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												17. INSURER'S ADDRESS (See Item 16)											
3. CITY												18. INSURER'S POLICY GROUP OR CLAIM NUMBER											
4. STATE												19. INSURER'S DATE OF BIRTH											
5. ZIP CODE												20. INSURER'S DATE OF DEATH											
6. OTHER INSURANCE NAME (Last Name, First Name, Middle Initial)												21. INSURER'S DATE OF DEATH											
7. OTHER INSURANCE POLICY OR GROUP NUMBER												22. INSURER'S DATE OF DEATH											
8. RESUBMITTED FOR NCC USE												23. INSURER'S DATE OF DEATH											
9. RESUBMITTED FOR NCC USE												24. INSURER'S DATE OF DEATH											
10. RESUBMITTED FOR NCC USE												25. INSURER'S DATE OF DEATH											
11. RESUBMITTED FOR NCC USE												26. INSURER'S DATE OF DEATH											
12. RESUBMITTED FOR NCC USE												27. INSURER'S DATE OF DEATH											
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79. RESUBMITTED FOR NCC USE												94. INSURER'S DATE OF DEATH											
80. RESUBMITTED FOR NCC USE												95. INSURER'S DATE OF DEATH											

UB-04:

### Box 81: Billing provider taxonomy

81CC			
a			
b			
c			
d			

ADA:

### Box 49: Billing provider NPI

49. NPI
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### Box 52a: Billing provider taxonomy

52a. Additional Provider ID
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54. NPI

56. Address, City, State, Zip Code

[illegible]

To avoid delay or disruption of claims payments, please share this information with individuals involved in claims and billing for your organization, billing vendors and/or electronic claims clearinghouses. When submitting an electronic claim to one of our clearinghouses, be sure to include the Humana – CareSource electronic payer ID number KYCS1.

Visit the provider website at <http://www.caresource.com/providers/kentucky> to find claim filing instructions, provider orientation materials, the provider manual, reference forms and more.

Page | 4

Thank you for your care of our members.

Note: this is a corrected version of a [previous network notification](#) dated June 25, 2014.

KY-P-242a