

SECTION 10

CLAIMS

10.0 INTRODUCTION

The applicable payer identified in the Provider Agreement is responsible for payment of authorized services and emergency services in accordance with the Provider Agreement and applicable law. It is the provider's responsibility to submit itemized claims for those services provided to members in a complete and timely manner in accordance with their Provider Agreement, this Provider Manual and applicable law. The terms "bill", "claim" and "invoice" are used interchangeably in this section and should not be interpreted to differ in meaning.

Providers must submit itemized claims for covered services provided to members on an appropriate billing form, as follows:

10.1 BILLING REQUIREMENTS

Professional charges must be submitted on a CMS -1500 or UB04 form (or successor form) with current ICD-9 diagnostic and CPT-4 procedure coding (or successor coding accepted commonly in the industry).

➤ Professional Charges

Professional charges must be submitted on a CMS -1500 or UB04 form (or successor form) with current ICD-9 diagnostic and CPT-4 procedure coding (or successor coding accepted commonly in the industry).

Should a provider also be required under their Provider Agreement and/or applicable law to submit certain encounter data for covered services provided to members, it must be provided on the applicable billing form.

➤ Supporting Documentation

In general, the provider must submit, in addition to the applicable billing form, all supporting documentation that is reasonably relevant information and that is information necessary to determine Kaiser Permanente's payment. At a minimum, the supporting documentation that may be reasonably relevant includes the following, to the extent applicable to the services provided:

Treatment notes as reasonably relevant and necessary to determine payer payment to

the provider, including a provider report relating to any claim under which a provider is billing a CPT-4 code with a modifier, demonstrating the need for the modifier.

If additional documentation is deemed to be reasonably relevant information and/or information necessary to determine payment, Kaiser Permanente will notify the provider in writing.

- **Standard Billing Codes**
Standard codes, including the following, must be used on all billing forms:
- **Revenue Code:** Code used to identify specific accommodation, ancillary service or billing calculation
- **CPT-4:** Physicians Current Procedural Terminology
- **HCPCS:** Health Care Procedure Coding System
- **ICD-9-CM:** Medical Index, for medical diagnostic coding

10.2 CLAIM FORMS (SEE APPENDIX #17 For Sample Forms + Instruction)

10.3 CLAIM SUBMISSION REQUIREMENTS

Please see links below to find “**Region-specific**” claims submission and procedures

Claims Links:

[Claims | National Contracting | Kaiser Permanente](#)

[Claims & Appeals Information](#)

[Claims - Ambulance](#)

[Electronic Data Interchange](#)