

Kaiser Permanente
MEDICAL SERVICES CONTRACTING
1950 FRANKLIN STREET, 6TH FLOOR
OAKLAND, CALIFORNIA 94612
U.S. MAIL ADDRESS:
P.O. BOX 23380
OAKLAND, CALIFORNIA 94623-2338

October, 2018

RE: Helpful Hints Regarding the Completion of Billing Forms

Dear Contractor:

On September 1, 2016, Kaiser Permanente (KP) of Northern California deployed Phase 2 of the KP ClaimsConnect (KPCC) claims payment system.* As communicated previously, the integrated nature of the system provides greater consistency in our administering contract terms, but also, as expected, generates the need for more detailed input from providers.

Our early experiences on the new platform prompt us to share with you the following billing reminders which serve to expedite adjudication and payment. Please reference Section 5 of the KP Provider Manual for greater detail on paper billing form field instructions. This guidance should also be applied to the equivalent fields of an EDI claim submission, adhering to the HIPAA-compliant EDI Implementation Guidelines for 837P and 837I transactions (version 5010).

CMS 1500 Form (02-12)

Field 24j	Include the Rendering Provider's NPI as applicable
Field 25	Include the Billing Provider's Federal Tax ID number or SSN
Field 31	Include the Rendering Provider's name
Field 32	Include the name and address of the Place of Service
Field 32a	Include the NPI of the Place of Service
Field 33	Include the name and address of the Billing Provider
Field 33a	Include the NPI of the Billing Provider

UB04 Form

Note, KPCC assumes the Billing Provider (Field 1) is also the Rendering Provider and the Place of Service. Pay To information (Field 2) should be filled out only if the Billing Provider wants the payment to go to a different location (e.g., a P.O. Box). Additionally:

Field 5	Include the Federal Tax ID of the billing provider
Field 56	Include the NPI of the billing provider

Please share this important reminder broadly among applicable stakeholders in your practice or organization and/or billing service.

* Please see additional information posted on KP's Northern California Community Provider Portal at: http://providers.kaiserpermanente.org/html/cpp_nca/breakingnews.html?

CMS 1500 (02-12) Form:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.											22. RESUBMISSION CODE		ORIGINAL REF. NO.								
A.	B.	C.	D.	E.	F.	G.	H.	I.	J.		23. PRIOR AUTHORIZATION NUMBER										
L.	M.	N.	O.	P.	Q.	R.	S.	T.	U.	V.											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #					
PHYSICIAN OR SUPPLIER INFORMATION																1		NPI		Rendering Prov NPI	
																2		NPI			
																3		NPI			
																4		NPI			
																5		NPI			
																6		NPI			
25. FEDERAL TAX ID. NUMBER Billing Provider TIN				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. clients, see back) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use					
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 in good faith.) Rendering Provider Name Signature DATE						32. SERVICE FACILITY LOCATION INFORMATION Place of Service Name Place of Service Address, City, ST, Zip a. POS NPI b.						33. BILLING PROVIDER INFO & PH # () Billing Provider Name Billing Provider Address, City, ST, Zip a. Billing Prov NPI b.									

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

UB 04 Form:

BILLING PROV NAME BILLING PROV ADDRESS BILLING PROV CITY ST ZIP										PAYTO NAME PAYTO ADDRESS PAYTO CITY ST ZIP										3a. MAIL CNTL # 3b. MED. BILL PRV TIN		4. 1995 OF BILL															
5. FED. TAX NO.										6. STATEMENT FROM										7. COVERS PERIOD FROM THROUGH																	
10. BIRTHDATE										11. SEX		12. DATE		13. HR		14. TYPE		15. SDC		16. DHR		17. STAT		18. 19		20. 21		22. 23		24. 25		26. 27		28. 29		30. ACCT. STAGE	
31. OCCURRENCE CODE		32. OCCURRENCE DATE		33. OCCURRENCE CODE		34. OCCURRENCE DATE		35. CODE		36. OCCURRENCE FROM		37. THROUGH		38. CODE		39. OCCURRENCE FROM		40. THROUGH		41. CODE		42. VALUE CODES		43. AMOUNT		44. CODE		45. VALUE CODES		46. AMOUNT		47. CODE		48. VALUE CODES		49. AMOUNT	
49. REV. CD.										49. DESCRIPTION										44. HCPCS / RATE / HPPS CODE				45. SERV. DATE		46. SERV. UNITS		47. TOTAL CHARGES		48. NON-COMB. CHARGES		49.					
PAGE										OF										CREATION DATE										TOTALS		0.00		0.00			
50. PRV. NAME										51. HEALTH PLAN ID										52. REL. MOD.		53. AND. MOD.		54. PRIOR PAYMENTS		55. EST. AMOUNT DUE		56. NPI		BILLING PROV NPI		OTHER PRV ID					

Sincerely,
Kaiser Permanente
Medical Services Contracting