

Network Notification

Notice Date: November 6, 2019

To: Ohio Medicaid and MyCare Providers

From: CareSource

Subject: Important Billing Provider Address Reminder

Effective Date: December 6, 2019

Impact

Claims billed with Billing Provider address containing any variation of P.O.BOX will be denied for payment, effective Dec. 6, 2019 per National Unified Billing Committee (NUBC) and Ohio Department of Medicaid (ODM) billing guidelines.

Please see exhibits below for guidelines on the proper method to submit Billing Provider address on UB04/HCFA1500 and X12 837I &P.

ODM Communication:



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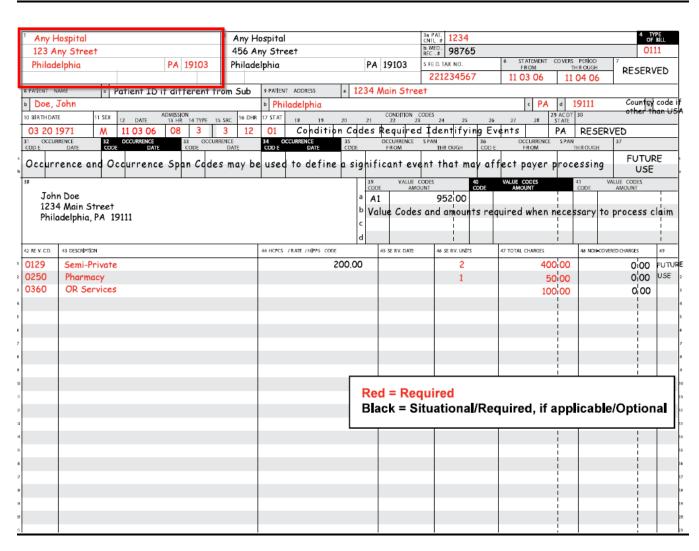
Dear Trading Partners,

NOW IS THE TIME to test your EDI transactions to make sure that your files do not contain any of these anomalies. These items will cause your EDI transactions to be rejected with the 999 Implementation Acknowledgement and an HTML report. Any issues not resolved will also be rejected in Production beginning in December 2019.

1	ASCII Control Character (SUB) after the IEA segment.	GE*1*876843478~IEA*1*000008674~SUB				
2	NULL characters after the IEA segment. While this is a bundled X12, there is a new line after the IEA.	~IEA*1*001860100~IE				
3	GS02 with spaces after the TP Id	GS*HS* <mark>0012345</mark> *MMISODJFS*20190711*				
4	NPI prefixed or followed by spaces	NM1*DK*1*LAST*FIRST****XX* 1234567891~ NM1*DK*1*LAST*FIRST****XX*1234567891 ~				
5	2 segment separators found together	N3*3710 MAIN STREET~~				
6	Multiple ISA/IEA envelopes with one containing a different sender id	Note: while it is permissible it is recommended that only 1 ISA/IEA be submitted per file.				
7	Loop 2010AA – Billing Provider Address N3 segment <u>MUST</u> <u>NOT</u> be a P.O. Box	N3*PO BOX 1953~ N3*575 O-G RD STE 3, PO BOX 312~				

Guidelines for Properly Reporting Billing Provider Address on UB04:

1450 (UB-04) Form			Electronic Data					
Blocks	Field Description	Loops	Segments	Qualifiers	Electronic Description			
1	Provider Name	2010AA	NM1	85	Billing Provider Name			
1	Provider Address	2010AA	N3, N4		Billing Provider Address			
2	Pay-To Name	2010AB	NM1	87	Pay-To Name			
2	Pay-To Address	2010AB	N3,N4		Pay-To Address			



HCFA-1500:

CMS- 1500 Item #	Description	ANSI 837 v5010 Loop, Segment, Element			
31	Provider Signature Indicator	2300, CLM, 06			
32	Facility Lab Name	2310C, NM1/77, 03			
	Facility Lab NPI	2310C, NMI/77, 09			
	Place of Service Address	2310C, N3, 01			
	Place of Service City	2310C, N4, 01			
	Place of Service State	2310C, N4, 02			
	Place of Service Zip Code	2310C, N4, 03			
	Lab ID (Complete this item for all laboratory work performed outside a physician's office. If an independent laboratory is billing, enter the place where the test was performed.)	2400, PS1, 01			
	Mammography Certification Number	2300 or 2400, REF/EW, 02			
32a	Facility NPI Number	2310C, NM1/77, 09			
32b	Facility Qualifier and Legacy Number (No longer reported.)	Not used			
33	Organization Name	2010AA, NM1/85, 03			
	Provider's Last Name	2010AA, NM1/85, 03			
	Provider's First Name	2010AA, NM1/85, 04			
	Address	2010AA, N3, 01			
	City	2010AA, N4, 01			
	State	2010AA, N4, 02			
	Zip Code	2010AA, N4, 03			
33a	Billing Provider NPI	2010AA/NM1/85/09 (08 = XX)			
33b	Billing Provider Legacy Number or PIN (No longer reported.)	No longer used, effective 5/23/08			

Guidelines for Properly Reporting Billing Provider Address on X12 – 837I & P:

N3 Billing Provider Address

Pos: 025 Max: 1 Detail - Optional Loop: Elements: 2 2010AA

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u> N301	<u>ld</u> 166	Element Name Address Information	Req M	Type AN	Min/Max 1/55	<u>Usage</u> Required	<u>Rep</u> 1
		Industry: Billing Provider Address Line Alias: Billing Provider Address 1 Medi-Cal Note: Medi-Cal will use only first 26 characters. CMS-1500 form field number 33.					
N302	166	Address Information	Ο	AN	1/55	Situational	1
		Industry: Billing Provider Address Line Alias: Billing Provider Address 2 Medi-Cal Note: Medi-Cal will use only firs 26 characters. CMS-1500 form field number 33.					

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

Questions?

For questions around this issue, please access the <u>Office of Policy Hospital Billing Guidelines</u> on ODM's website.

OH-P-1713