



## 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/HCF A1500 and X12 837I & P.

### ODM Communication:



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~ <b>SUB</b>   |
| 2 | NULL characters after the IEA segment. While this is a bundled X12, there is a new line after the IEA. | ~IEA*1*001860100~ <b>LF</b><br><b>NOT/NOT/NOT/NOT</b>                                      |
| 3 | GS02 with spaces after the TP Id   | GS*HS* <b>0012345</b> *MMISODJFS*20190711*   |
| 4 | NPI prefixed or followed by spaces   | NM1*DK*1*LAST*FIRST****XX* 1234567891~<br>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~<br>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           |  |  |

|   |                             |   |                    |                           |                             |
|---|-----------------------------|---|--------------------|---------------------------|-----------------------------|
| 1 Any Hospital<br>123 Any Street<br>Philadelphia PA 19103   |                             | Any Hospital<br>456 Any Street<br>Philadelphia PA 19103 |                    | 3a PAIL CNIL # 1234       | 4 TYPE OF BILL 0111         |
| b Patient Name Doe, John  |                             | 9 Patient Address 1234 Main Street                      |                    | 5 FE D. TAX NO. 221234567 | 6 STATEMENT FROM 11 03 06   |
| 10 BIRTHDATE 03 20 1971   |                             | 11 SEX M  | 12 DATE 11 03 06   | 13 HR 08                  | 14 TYPE 3                   |
| 15 SRC 3  |                             | 16 DHR 3  | 17 STAT 12         | 18 01                     | 19 Condition Codes Required |
| 31 OCCURRENCE CODE  |                             | 32 OCCURRENCE DATE                                      | 33 OCCURRENCE DATE | 34 OCCURRENCE DATE        | 35 OCCURRENCE DATE          |
| Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing |                             |   |                    |                           | FUTURE USE                  |
| 38 John Doe<br>1234 Main Street<br>Philadelphia, PA 19111   |                             | 39 VALUE CODES A1                                       | 40 VALUE CODES     | 41 VALUE CODES            | 42 VALUE CODES              |
|   |                             | AMOUNT 952.00   | AMOUNT             | AMOUNT                    | AMOUNT                      |
| Value Codes and amounts required when necessary to process claim  |                             |   |                    |                           |                             |
| 43 RE V. CD. 0129   | 43 DESCRIPTION Semi-Private | 46 HCPCS /RATE /HPPS CODE                               | 45 SE RV. DATE     | 46 SE RV. UNITS 2         | 47 TOTAL CHARGES 400.00     |
| 0250  | Pharmacy                    |   |                    | 1                         | 50.00                       |
| 0360  | OR Services                 |   |                    |                           | 100.00                      |
|   |                             |   |                    |                           | 0.00                        |
|   |                             |   |                    |                           | 0.00                        |
|   |                             |   |                    |                           | 0.00                        |

**Red = Required**  
**Black = Situational/Required, if applicable/Optional**

**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<br>(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<br>(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<br>(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: 2010AA      | Elements: 2 |

User Option (Usage): Required

To specify the location of the named party

**Element Summary:**

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

**Example:**

N3\*225 MAIN STREET\*BARKLEY BUILDING~

**Questions?**

For questions around this issue, please access the [Office of Policy Hospital Billing Guidelines](#) on ODM's website.

OH-P-1713