



Network Notification

Date: March 7, 2016
To: Ohio Health Partners
From: CareSource®
Subject: Paper Claims Processing: Rendering and Billing NPI Requirements

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 process your claims efficiently and effectively, we want to remind you of important rendering and billing National Provider Identifier (NPI) requirements.

CMS – 1500 Form

To facilitate the accurate and prompt payment of claims, please remember to fill out the rendering and billing NPI both accurately and completely.

When completing the CMS – 1500 Form, be sure to include complete information in the boxes outlined below:

Box 24J: Rendering Provider ID

<p>J.</p> <p>RENDERING PROVIDER ID. #</p>

IMPORTANT NOTE – when completing Box 24J, DO NOT put information in the shaded areas. Rendering NPI placed in the shaded areas will not be recorded.

Box 24 (A-J):

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES	G. DAYS OR UNITS	H. SP/DI RATY/Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
CPT/HCPCS	MODIFIER							
99214		A		164.00	1		NPI	9999999991
87804	QW	A		39.00	1		NPI	9999999992
87804	QW 59	A		39.00	1		NPI	
99213		A		120.00	1		NPI	9999999993

Box 24 (A-J) must be filled out accurately and completely to be accepted. Missing fields, even if they are duplicated from the box above (I.E. Box 24J), should be filled out again on the appropriate line. **The above is an example of an incorrect submission – the ID # is missing on the third row.**

Box 31: Signature of Physician or Supplier

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 a part thereof.)

SIGNED _____ DATE _____

Box 33: Billing Provider Info & PH

Box 33a: Billing Provider NPI

33. BILLING PROVIDER INFO & PH# ()

a. NPI b. PH#

APPROVED OMB-0938-1197 FORM 1500702-121

Make sure to sign and date the form in Box 31.

Complete the Billing Provider Information and Phone Number; make sure to place the NPI in Box a.

CareSource will reject claims that are received without valid rendering and billing NPI.

Note: The Ohio Medicaid provider types that do not require a rendering NPI are listed below:

- Independent Laboratory
- Federally Qualified Health Center (FQHC)
- Durable Medical Equipment (DME) Supplier
- Ambulance
- Medicare Certified Home Health Agency
- Pharmacy
- Waivered Services Organization
- ODADAS Certified/Licensed Treatment Program
- Hospice
- Rural Health Clinic
- Independent Diagnostic Testing Facility
- Other Accredited Home Health Agency
- Portable X-Ray Supplier
- Anesthesia Assistant Individual
- Private Duty Nurse
- Targeted Case Management
- Home and Community Based ODA Assisted Living
- Wheelchair Van
- Medicaid School Program
- Nursing Facility
- State Operated ICF-MR
- Help Me Grow
- Non-Agency Personal Care Aide
- Non-State Operated ICF-MR
- Non-Agency Home Care Attendant

Thank you for your continue participation with CareSource. If you have any questions, please contact our Provider Services Department at 1-800-488-0134.