# 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 <u>only if</u> the Billing Provider wants the payment to go to a different location (e.g., a P.O. Box). Additionally:

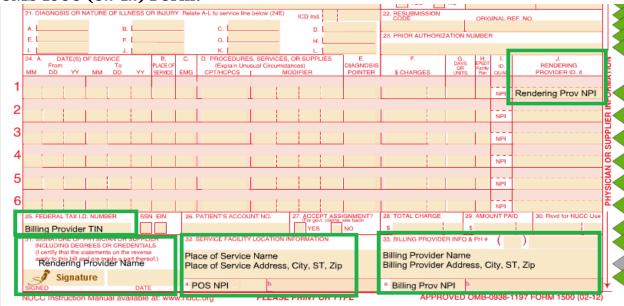
Field 5	Include the Federal Tax ID of the billing provider
Field 56	Include the NPI of the billing provider

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

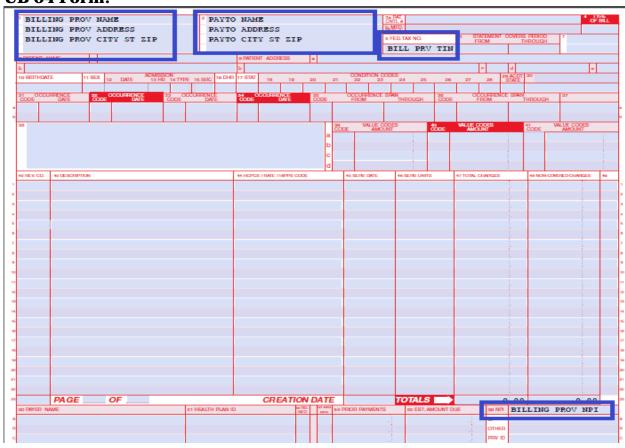
\* Please see additional information posted on KP's Northern California Community Provider Portal at: http://providers.kaiserpermanente.org/html/cpp\_nca/breakingnews.html?



## CMS 1500 (02-12) Form:



### **UB 04 Form:**



Sincerely, Kaiser Permanente Medical Services Contracting