

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 2023

RE: Completion of Billing Forms

Dear Contractor:

The integrated nature of the KP ClaimsConnect claims payment system provides for consistent administration of contract terms, but also creates a need for detailed billing input from providers.

The following billing reminders serve to expedite adjudication and payment. 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. See Section 5 of the Northern California HMO Provider Manual for further information about billing and payment.

CMS 1500 Form (02-12)

Field 24j	Rendering Provider's NPI
Field 25	Billing Provider's Federal Tax ID number (EIN or SSN)
Field 31	Rendering Provider's Name
Field 32	Name and Address of the Place of Service
Field 32a	NPI of the Place of Service
Field 33	Name and Address of the Billing Provider
Field 33a	NPI of the Billing Provider

UB04 Form

Field 1	Billing Provider Name and Address
Field 2	Pay-to Name and Address, if different than Field 1
Field 5	Billing Provider's Federal Tax ID Number (EIN)
Field 56	NPI of the Provider

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

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.		23. PRIOR AUTHORIZATION NUMBER											
I.		J.		K.		L.																	
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #			
From MM DD YY To MM DD YY			SERVICE				CPT/HCPCS			MODIFIER													
1																				NPI		Rendering Prov NPI	
2																				NPI			
3																				NPI			
4																				NPI			
5																				NPI			
6																				NPI			
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use							
Billing Provider TIN										YES NO		\$		\$									
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.)										32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH #								
Rendering Provider Name										Place of Service Name Place of Service Address, City, ST, Zip					Billing Provider Name Billing Provider Address, City, ST, Zip								
SIGNED Signature DATE										a. POS NPI b.					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			PAYTO NAME			3a. ICD-9-CM #		4. ICD-9-CM OF BILL	
BILLING PROV ADDRESS			PAYTO ADDRESS			3b. ICD-9-CM #			
BILLING PROV CITY ST ZIP			PAYTO CITY ST ZIP			5. FED. TAX NO.		6. STATEMENT PERIOD FROM THROUGH	
BILL PRV TIN									
10. BIRTHDATE 11. SEX 12. DATE OF ADMISSION 13. HR. 14. TYPE 15. SDC 16. DHR 17. STAT 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. ACCT. STAGE 30.									
31. OCCURRENCE CODE DATE		32. OCCURRENCE CODE DATE		33. OCCURRENCE CODE DATE		34. OCCURRENCE CODE DATE		35. CODE	
36. OCCURRENCE SPAN FROM THROUGH		37. OCCURRENCE SPAN FROM THROUGH		38. CODE		39. VALUE CODES AMOUNT		40. VALUE CODES AMOUNT	
41. VALUE CODES AMOUNT		42. VALUE CODES AMOUNT		43. VALUE CODES AMOUNT		44. HCP/RS / FARE / HPPS CODE		45. SERV. DATE	
46. SERV. UNITS		47. TOTAL CHARGES		48. NON-COMBID CHARGES		49.		50.	
PAGE OF		CREATION DATE		TOTALS		0.00		0.00	
50. PRYER NAME			51. HEALTH PLAN ID			52. REL. SEQ.		53. PRIOR PAYMENTS	
54. EST. AMOUNT DUE			55. NPI			BILLING PROV NPI		56. NPI	
OTHER PRV ID									

Sincerely,
Kaiser Permanente
Medical Services Contracting