

Kaiser Permanente
MEDICAL SERVICES CONTRACTING
5820 OWENS DRIVE, BUILDING E, FLOOR 2
PLEASANTON, CALIFORNIA 94588

October 2024

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)										22. RESUBMISSION CODE		ORIGINAL REF. NO.														
A. _____		B. _____		C. _____		D. _____		E. _____		23. PRIOR AUTHORIZATION NUMBER		J. RENDERING PROVIDER ID. #														
E. _____		F. _____		G. _____		H. _____		I. _____																		
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. EPST Family Plan		I. ID. OIA								
From MM DD YY To MM DD YY																										
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 govt. 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 part thereof.)																			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()			
Rendering Provider Name																			Place of Service Name				Billing Provider Name			
Signature																			Place of Service Address, City, ST, Zip				Billing Provider Address, City, ST, Zip			
SIGNED 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. STAT. CNTRL. #		4. TYPE OF BILL																											
BILLING PROV ADDRESS										PAYTO ADDRESS										5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH		7.																									
BILLING PROV CITY ST ZIP										PAYTO CITY ST ZIP										BILL PRV TIN																													
10. BIRTHDATE										11. SEX		12. DATE		13. HR		14. TYDE		15. SSC		16. DHR		17. STAT		18.		19.		20.		21.		22.		23.		24.		25.		26.		27.		28.		29.		30.	
31. OCCURRENCE CODE		32. OCCURRENCE DATE		33. OCCURRENCE CODE		34. OCCURRENCE DATE		35. CODE		36. OCCURRENCE SPAN FROM THROUGH		37. CODE		38. OCCURRENCE SPAN FROM THROUGH		39. CODE		40. VALUE CODES AMOUNT		41. CODE		42. VALUE CODES AMOUNT		43. CODE		44. VALUE CODES AMOUNT																							
45. REV. CD.		46. DESCRIPTION		44. HCPCS / ICD-9 / ICD-10 CODE		45. SERV. DATE		46. SERV. UNITS		47. TOTAL CHARGES		48. NON-COMED CHARGES		49.																																			
PAGE OF										CREATION DATE										TOTALS		0.00		0.00																									
30. DRAYER NAME										51. HEALTH PLAN ID		52. REL. INCD.		53. AMT. PERM.		54. PRIOR PAYMENTS		55. EST. AMOUNT DUE		56. NPI		BILLING PROV NPI		OTHER PROV ID																									

Sincerely,
 Kaiser Permanente
 Medical Services Contracting

EXP 12.31.99