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 2022

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

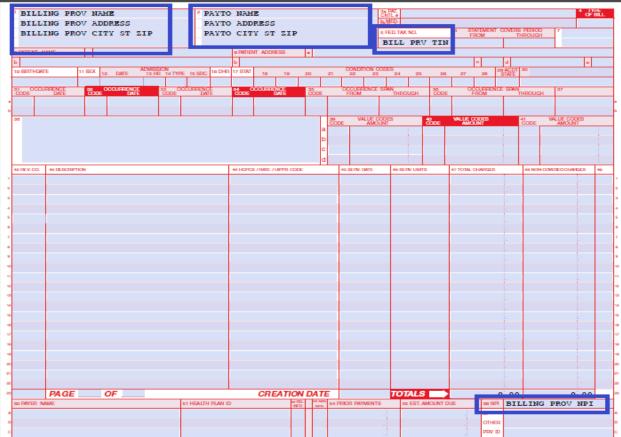
Field 1	Billing Provider Name and Address
Field 2	Pay-to Name and Address, if different than Field 1
Field 5	Billing Provider's Federal Tax ID Number (EIN)
Field 56	NPI of the Provider

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

CMS 1500 (02-12) Form:

2	Rendering F		ame		Pla		ervice A		s, City,	ST, Z	lip	Billing Provid	er Addre		City, S	ST, Z	p
	INCLUDING DEGF (I certify that the st apply to this bill ap	atements on th	e reven	se .			ervice N		N INFORM	ATION		33. BILLING PROV Billing Provid			()	
Bill	ling Provider	TIN								'ES	NO	s		s			
25.	FEDERAL TAX I.D	. NUMBER	88	IN EIN	26.	PATIENT'S	ACCOUNT	NO.	27. AC	CEPTA	SSIGNMENT?	28. TOTAL CHARG)E 29	. AMO	UNT P/	AID	30. Rsvd for NUCC Us
														T	NPI		
															NPI		
								_									
												1		1	NPI		
														1	NPI		
								-		1		1 1		1	NPI		
															NPI		
						_											
															NPI	Rer	dering Prov NPI
MM	DD YY	MM DD	YY		EMG	CPT/HC			MODIFIE	2	POINTER	\$ CHARGES	UNITS	Plan	QUA		PROVIDER ID, #
24.	A. DATE(S) C From	F SERVICE To		B. PLACE OF	C.		EDURES, S lain Unusua			PPLIES	E. DIAGNOSIS	F.	G. DAYS OR	H. EPSDT Family	L ID.		J. RENDERING
I.						к.				L L						_	
Ê.					_	C. G.				D. L		23. PRIOR AUTHO	RIZATION N	UMBE	R		
									=) ICD		i	22. RESUBMISSIO		ORIC	GINAL F	REF. NO) .
21.1	DIAGNOSIS OR N	IATURE OF ILL	NESS	OR INJUR	Y Relat	te A-L to set	vice line bel	ow (24E	D			22. RESUBMISSIO	N				

UB 04 Form:



Sincerely, Kaiser Permanente Medical Services Contracting