

**Kaiser Permanente**  
MEDICAL SERVICES CONTRACTING  
1950 FRANKLIN STREET, 6<sup>TH</sup> 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:

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.		G.		H.		I.		J.											
E.		F.		G.		H.		I.		J.		K.		L.		M.		N.											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPDT Family Plan		I. ID. QUA.		J. RENDERING PROVIDER ID. #	
1																								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) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use							
Billing Provider TIN																													
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									
Signature										a. POS NPI b.										a. Billing Prov NPI b.									
SIGNED DATE																													

NUCC Instruction Manual available at: [www.nucc.org](http://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																			
PATIENT NAME										PATIENT ADDRESS										BILL PRV TIN																					
10. BIRTHDATE		11. SEX		12. DATE		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		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. CODE		46. VALUE CODES AMOUNT		47. CODE		48. VALUE CODES AMOUNT		49					
40. REV. CD.		49. DESCRIPTION										44. HCPCS / ICD-9 / ICD-10 CODE		45. SERV. DATE		46. SERV. UNITS		47. TOTAL CHARGES		48. NON-COMB. CHARGES		49																			
PAGE OF										CREATION DATE										TOTALS		0.00		0.00																	
50. PRIMER NAME										51. HEALTH PLAN ID		52. REL. SEQ.		53. PAID PERCENT		54. PRIOR PAYMENTS		55. EST. AMOUNT DUE		56. NPI		BILLING PROV NPI		OTHER PRV ID																	

Sincerely,  
Kaiser Permanente  
Medical Services Contracting

EXP 12.31.99