

## Network Notification

Date: November 15, 2013

Number: KY-P-2013-16

To: Office Manager/Participating Health Care Provider

From: Humana – CareSource™

Subject: URGENT Claims Payment Process Change

Humana – CareSource wants to help facilitate the submission of complete claims that are processed in a timely manner. To that end, it is critical that all claims for Humana – CareSource members are in compliance with Kentucky Department for Medicaid Services (KDMS) requirements. On October 4, 2013, we issued a [network notification](#) regarding verification of a health care provider's National Provider Identifier (NPI) with the Commonwealth, as well as requirements regarding the inclusion of the taxonomy number, the rendering provider and billing address for successful claims submission.

### Provider Actions Needed:

1. Claims must include the correct rendering and billing tax ID number (TIN), NPI, taxonomy and address that are included on the Commonwealth's Master Provider List (MPL).

For claims submitted on or after December 9, 2013, NPI and taxonomy codes are required for both the rendering provider and the billing provider. **If correct codes are not included on the claim or the codes included on the claim do not match the MPL, the claim will be rejected.** This applies to both paper and electronic claims. See the following example of the taxonomy requirement excerpts:

### Box 19 = Rendering Provider Taxonomy

### Box 33b = Billing Provider Taxonomy

**Box 81 = Billing Taxonomy**

a. OTHER PROCEDURE CODE			b. DATE		
03	T560X1	200412			
d. OTHER PROCEDURE CODE			e. DATE		
L2	T560X4	200412			
BICCR					

LOCAL HOSPITAL 3423 SMALL STREET COLUMBUS, OH 432150000		123 MAIN STREET KANSAS CITY, MO 64108		W392-49141	
PATIENT NAME SMITH, JAMES A		PATIENT ADDRESS 934 NORTH STREET COLUMBUS, OH 432150000		STATEMENT COVER PERIOD FROM 900617 TO 050617	
19621015 M 90061 12 1 1 12 01 T5 T5 T5 T5 T5 T5 T5 T5 T5 T5					
TS 971231 T5 971231 T5 971231 T5 971231 T5 961221 001231 T5 961221 001231					
TS 971231 T5 971231 T5 971231 T5 971231 T5 961221 001231 T5 961221 001231					
SMITH, JAMES A 934 NORTH STREET COLUMBUS, OH 432150000					
40 REV CD	40 DESCRIPTION	44 HCPCS RATE HCPCS CODE	45 BENL DATE	46 BENL UNITS	47 TOTAL CHARGES
03012	CODEBASE (HCPCS-2004. 82270	050617	1	1484	000
PAGE 1 OF 1		CREATION DATE 130107		TOTALS	1484 000
50 PRIOR NAME CONSERVATIVE INSURANCE	51 HEALTH PLAN ID 00123	52 PLAN START Y	53 PRIOR PAYMENTS Y	54 EST. AMOUNT DUE	56 NPI
58 INSURED'S NAME SMITH, JAMES A		59 INS. PREST. LICENSE ID 18 34902390F	61 GROUP NAME	62 INSURANCE GROUP NO 34561W	
54 PRDIAG T560X1 T560X2 T560X3 T560X4 T560X5 T560X6 T560X7 T560X8					
55 WRTST T560X9 T560X1 T560X1 T560X2 T560X3					
56 BCRCODE 200503 T560X1 200412 T560X2 200412					
57 OTHER PROCEDURE CODE T560X3 200412 T560X4 200412 T560X5 200412					
58 REMARKS		59 ATTENDING LAST	60 OPERATING LAST	61 OTHER LAST	62 OTHER LAST

**2. Verify that KDMS has accurate information on the MPL.**

If needed, send updated enrollment data on letterhead to:

Kentucky Medicaid, Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

Additionally, Humana – CareSource Provider Relations can help with the process. Please fax your request on letterhead listing the updated information that you would like added/verified to (937) 487-0460.

**Questions?**

If you have questions, please call our Provider Services Department at 1-855-852-7005, Monday through Friday, 8 a.m. to 6 p.m. EST.

Thank you for being a Humana – CareSource provider and serving our members.