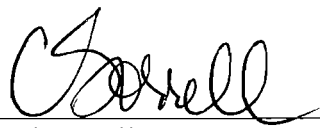

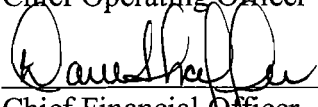
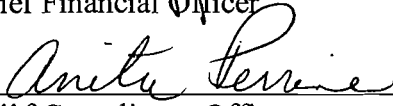
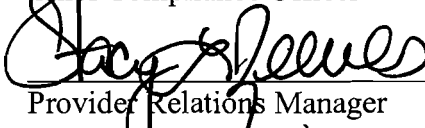
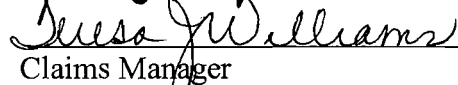
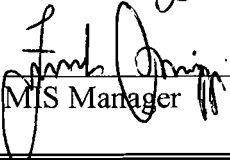


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Electronic Data Interchange (EDI) Claims Submission		INDEX NUMBER 6.03-P		Page 1 of 7			
SECTION: Claims		ORIGINAL EFFECTIVE DATE: <i>September 5, 2006</i>					
Review Date							
Effective Date							
Revision No.							

Approved		Date	<i>5/3/06</i>
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	<i>4/13/06</i>
	Chief Operating Officer		
Approved		Date	<i>4/1/06</i>
	Chief Financial Officer		
Approved		Date	<i>3/31/06</i>
	Chief Compliance Officer		
Approved		Date	<i>3/29/06</i>
	Provider Relations Manager		
Approved		Date	<i>4-19-06</i>
	Claims Manager		
Approved		Date	<i>3/28/06</i>
	MIS Manager		

POLICY¹:

Kern Health Systems (KHS) shall establish and maintain a system for practitioners/providers (Providers) to submit Electronic Data Interchange (EDI) claims.

PURPOSE:

To provide guidelines for the submission of EDI claims.

PROCEDURE:

1.0 PROVIDER ENROLLMENT AND APPROVAL FOR EDI SUBMISSION

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Any Provider wishing to submit EDI claims must first contact KHS who will work with the Provider through the enrollment process. Once enrollment is complete and a submitter number has been assigned, submitters must send a test file to Emdeon/DirectConnect to ensure accurate file format, completeness and validity. The KHS staff works directly with the submitter during all phases of the testing process.

Submitters cannot send claims for adjudication until written notification from KHS has been received stating they are in "Active" status and are authorized for Emdeon/DirectConnect billing. The notification will first be faxed to the submitter with the original following via U.S. mail.

1.1 Test Files

Claims contained on the test file will not be processed for payment.

To test, submitters should use data from previously adjudicated claims. Submissions used during the testing period should contain a cross section of claim type data that can be expected in a production environment. The test file must consist of a minimum of ten (10) claims for each claim type to be billed. A maximum of fifty (50) claims is allowed for testing. The test procedure must be completed for each applicable claim type.

Any format problems discovered during the testing period must be corrected and a new test file submitted for review prior to final approval.

1.2 Additional Testing Requirements

Providers must repeat the testing process when software is upgraded or the submission method changes.

2.0 INQUIRIES

Providers may make inquiries if any problems or questions arise during the submission of test or live claims by contacting the KHS EDI help desk.

E-Mail: edi-support@khs-net.com
Telephone: (800) 391-2000
Fax: (661) 664-5151 attn: EDI help desk

3.0 BILLING INSTRUCTIONS

EDI claims are processed through the same claim verification programs as paper claims. EDI and paper claims must meet the same edit and audit requirements. Most claims can be submitted through Emdeon/DirectConnect. All claims requiring hardcopy attachments or special processing must be submitted on paper claim forms. Examples of these types of claims include, but are not limited to, the following:

- A. Claims that require an Explanation of Medicare Benefits/Medicare Remittance Notice/Remittance Advice
- B. Claims including denial from Other Health Coverage such as CHAMPUS, Kaiser, Western Growers or prepaid health plans.

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- C. Claims billing HCPCS or CPT-4 codes where the price is unlisted with Medi-Cal
- D. Claims requiring a sterilization or hysterectomy consent form
- E. Claims from a Provider on special claims review
- F. Claims that include multiple or "By Report" modifiers (for example, -99, -55, -22)
- G. Claims that include an emergency statement
- H. Claims that include certain HCPCS or CPT-4 codes including:
 - 1. Unlisted Procedures: Include procedure description and price
 - 2. Unlisted Injections: Include name of drug, strength, dosage and invoice cost in the ASC
 - 3. Unusual or Complicated: Include complicating or unusual circumstances

The tables below outline requirements for the different fields of the electronic HCFA 1500 and UB92 forms.

HCFA 1500

HCFA 1500 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
1a	Insured's ID Number	2010B	REF02		The KHS member number should be used whenever possible. The correct format is XXXXXX01 where X represents a numeric character from 0-9 and no leading zeros. Asterisks cannot be accepted. Social Security numbers may also be submitted but this does not guarantee a member match. The CIN may also be used. The member's identification number should never be more than 9 characters. Do not use the mother's information when billing a newborn claim. Contact the Member Services Department to obtain the newborn's KHS member number. If the newborn has not been entered, the Hospital Face sheet should be faxed in order to have the newborn added to the system.
	Insured's ID Number Qualifier	2010B	REF01	MI MHC MEMBER NUMBER SY SOCIAL SECURITY NUMBER HJ CIN	The number entered in 2010B-REF02 must match the qualifier. For example, if a KHS member number is entered, the qualifier must be one that identifies that number as the MHC member number.
17a	ID Number of Referring Physician	2310A	NM109		The five (5) digit KHS provider number must be submitted
	ID Number of Referring Physician Qualifier	2310A	NM108	G2-KHS PROVIDER NUMBER	
23	Prior Authorization Number	2300	REF02		If an authorization has been obtained, the KHS Authorization number is to be entered in the following format: XXXXXX. Do not include the alphas.

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HCFA 1500 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
24a	Date(s) of Service	2400	DTP03		Only one date of service should be submitted per claim unless services are for inpatient visits. In those cases, all dates of service may be billed on the same claim.
24d	Procedures, Services or Supplies	2400	SV101-2		Any by report procedure should be billed on paper with any supporting documentation.
25	Federal Tax ID Number	2010AA	REF02		The nine (9) digit Tax ID for the provider should be entered.
	Federal Tax ID Number Qualifier	2010AA	REF01	34-FEDERAL TAX ID	
32	Name and Address of Facility where services were rendered	2310D	NM103		The location name should be populated in this box. If the provider has more than one location he or she practices, this will ensure that the payment goes to the correct location.
33	Provider Number	2000A	NM109		The five (5) digit KHS provider number must be submitted
	Provider Number Qualifier	2000A	NM108	G2-KHS PROVIDER NUMBER	
	Rendering Provider Secondary Identification	2310B	REF01		The five (5) digit KHS provider number must be submitted
	Rendering Provider Secondary Identification Qualifier	2310B	REF02	G2-KHS PROVIDER NUMBER	

UB92

UB92 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
5	Federal Tax ID	20100AA	REF02		The nine (9) digit Tax ID for the facility should be entered.
	Federal Tax ID Qualifier	20100AA	REF01	34-FEDERAL TAX ID	
50a	Payer ID A	2010BC	NM109		The five (5) digit KHS provider number must be submitted
	Payer ID A Qualifier	2010BC	NM108	G2-KHS PROVIDER NUMBER	
50b	Payer ID B	2330B	NM109		The five (5) digit KHS provider number must be submitted
	Payer ID B Qualifier	2330B	NM108	G2-KHS PROVIDER NUMBER	
50c	Payer ID C	2330B	NM109		The five (5) digit KHS provider number must be submitted
	Payer ID C Qualifier	2330B	NM108	G2-KHS PROVIDER NUMBER	
51a	Provider Number	2000A	NM109		The five (5) digit KHS provider number must be

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UB92 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
					submitted
	Provider Number Qualifier	2000A	NM108	G2-KHS PROVIDER NUMBER	
	Provider Number	2010AA	NM109		The five (5) digit KHS provider number must be submitted
	Provider Number Qualifier	2010AA	NM109	G2-KHS PROVIDER NUMBER	
51b	Other Provider Number C	2330F	REF02		The five (5) digit KHS provider number must be submitted
	Other Provider Number C Qualifier	2330F	REF01	G2-KHS PROVIDER NUMBER	
	Other Provider Number D	2330F	REF02		The five (5) digit KHS provider number must be submitted
	Other Provider Number D Qualifier	2330F	REF01	G2-KHS PROVIDER NUMBER	
51c	Other Provider Number B	2330F	REF02		The five (5) digit KHS provider number must be submitted
	Other Provider Number B Qualifier	2330F	REF01	G2-KHS PROVIDER NUMBER	
60a	CERT-SSN-HIC ID NO A	2010BA	REF02		The KHS member number should be used whenever possible. The correct format is XXXXXX01 where X represents a numeric character from 0-9 and no leading zeros. Asterisks cannot be accepted. Social Security numbers may also be submitted but this does not guarantee a member match. The CIN may also be used. The member's identification number should never be more than 9 characters. Do not use the mother's information when billing a newborn claim. Contact the Member Services Department to obtain the newborn's KHS member number. If the newborn has not been entered, the Hospital Face sheet should be faxed in order to have the newborn added to the system.
	CERT-SSN-HIC ID NO A Qualifier	2010BA	REF01	MI-KHS MEMBER NUMBER SY-SOCIAL SECURITY NUMBER HJ-CIN/ALT	The Qualifier must match the ID sent. For example, if a KHS member number is submitted, the qualifier must be 'MI'.

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UB92 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
	CERT-SSN-HIC ID NO B	2330B	NM109		<p>The KHS member number should be used whenever possible. The correct format is XXXXXX01 where X represents a numeric character from 0-9 and no leading zeros. Asterisks cannot be accepted. Social Security numbers may also be submitted but this does not guarantee a member match. The CIN may also be used. The member's identification number should never be more than 9 characters. Do not use the mother's information when billing a newborn claim. Contact the Member Services Department to obtain the newborn's KHS member number. If the newborn has not been entered, the Hospital Face sheet should be faxed in order to have the newborn added to the system.</p>
	CERT-SSN-HIC NO B Qualifier	2330B	NM108	MI-KHS MEMBER NUMBER SY-SOCIAL SECURITY NUMBER HJ-CIN/ALT	The Qualifier must match the ID sent. For example, if a KHS member number is submitted, the qualifier must be 'MI'.
	CERT-SSN-HIC ID NO C	2330B	NM109		<p>The KHS member number should be used whenever possible. The correct format is XXXXXX01 where X represents a numeric character from 0-9 and no leading zeros. Asterisks cannot be accepted. Social Security numbers may also be submitted but this does not guarantee a member match. The CIN may also be used. The member's identification number should never be more than 9 characters. Do not use the mother's information when billing a newborn claim. Contact the Member Services Department to obtain the newborn's KHS member number. If the newborn has not been entered, the Hospital Face sheet should be faxed in order to have the newborn added to the system.</p>
	CERTN-SSN-HIC ID NO C Qualifier	2330B	NM108	MI-KHS MEMBER NUMBER SY-SOCIAL SECURITY NUMBER HJ-CIN/ALT	The Qualifier must match the ID sent. For example, if a KHS member number is submitted, the qualifier must be 'MI'.
82a	Attending Physician ID	2310A	NM109		The five (5) digit KHS provider number must be submitted
	Attending Physician ID	2310A	NM108	G2-KHS PROVIDER	

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UB92 BOX	DESCRIPTION	X12-837 LOOP ID	X12-837 SEGMENT	VALID VALUES	COMMENTS
	Qualifier			NUMBER	
83a	Other Physician ID	2310C	NM109		The five (5) digit KHS provider number must be submitted
	Other Physician ID Qualifier	2310C	NM108	G2-KHS PROVIDER NUMBER	

¹ **Revision 2006-05:** Created by the MIS Department for electronic claims filing.