

PATHWAYS BILLING RESOURCE GUIDE

When you provide covered services to an Indiana PathWays for Aging member, you are required to submit a claim to the member’s PathWays Managed Care Entity (MCE) for processing and payment.

To assist Indiana PathWays for Aging providers with claim submission the PathWays MCEs have adopted a uniform billing format and created this billing resource guide to provide a detailed overview of the CMS-1500 (professional claim) and the UB-04 (facility claim) requirements.

Each MCE allows health care providers to submit claims via their provider portal or paper (CMS-1500 or UB-04). Paper claims should be mailed to the addresses below, and links to the PathWays MCEs’ provider portals are also below. The PathWays MCEs encourage health care providers to submit claims via the MCEs’ provider portals or a clearinghouse.

	Anthem	Humana Healthy Horizons	UHC
Paper claims mailing address	Anthem Blue Cross Blue Shield Claims Mailstop: IN999 P.O. Box 61010 Virginia Beach, VA 23466	Humana Healthy Horizons Claims P.O. Box 14169 Lexington, KY 40512-4169	UnitedHealthcare Community Plan of Indiana P.O. Box 5270 Kingston, NY 12402-5270
Provider portal	Availity Essentials Anthem Payer Spaces: Care Central www.Availity.com	Availity Essentials www.Availity.com	UHC Provider Portal www.uhcportal.com
Payor ID	Payor ID: 00130-837I (institutional) and 00630-837P (professional)	Payor ID: 61101	Payor ID: 87726
EDI Companion Guides	Availity EDI Guide	HIPAA Companion Guides for Providers—Humana	EDI Companion Guides
Provider Services Contact Information	833-569-4739	800 866-274-5888	877-610-9785

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UB-04 Instructions

UB-04 paper forms can be purchased online and at various approved suppliers (i.e., Office Depot). Health care provider types that bill on a UB-04 include:

- Nursing Facility
- Home Health Skilled
- Hospice

The table below includes the PathWays Uniform Billing Format and a description of what should be entered into each form field. It also provides MCE specific information where applicable.

[insert UB-04]

Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
1	SERVICE LOCATION INFORMATION	Required	Enter the service location name and address (including the expanded ZIP Code+4) where the patient was seen—this address must match the service location address currently on file with the IHCP for the group or billing provider where the service was rendered.			In the UHC portal select the correct service location address in the drop down.
2	UNLABELED FIELD	Not applicable	Unlabeled Field			
3a	PAT CNTL #	Required	Enter the internal patient control (tracking) number. If a patient control number does not exist, enter "NA".			
3b	MEDICAL REC #	Optional	Enter the number assigned to the patient's medical or health record by the provider.			
4	TYPE OF BILL	Required	Enter the code indicating the specific type of bill. This four-digit code requires a leading zero plus one digit from each of the four categories, written in the following sequence: <ul style="list-style-type: none"> • First position - Zero • Second position - Type of Facility • Third position - Bill Classification • Fourth position - Frequency. A list of codes can be found at https://www.nubc.org/			Do not use a leading "0" in the portal.

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
4	TYPE OF BILL (Examples)	Required	<p>Examples: Hospice: Providers are to use type-of-bill code 081x or 082x when billing for hospice services. Home Health:</p> <ul style="list-style-type: none"> • First digit-type facility <ul style="list-style-type: none"> ▪ 3 = Home Health • Second digit-classification <ul style="list-style-type: none"> ▪ 2 = Home Health Services under a Plan of Care • Third digit-frequency <ul style="list-style-type: none"> ▪ 1 = Admission through discharge ▪ 2 = Interim-first claim ▪ 3 = Interim-continuing ▪ 4 = Interim-last claim ▪ 7 = Replacement of prior claim ▪ 8 = Void of prior claim <p>Nursing Facility:</p> <ul style="list-style-type: none"> • 1st Digit–Type of Facility <ul style="list-style-type: none"> ▪ 6 = Intermediate Care • 2nd Digit–Classification <ul style="list-style-type: none"> ▪ 5 = Intermediate Care Level I • 3rd Digit – Frequency Definition <ul style="list-style-type: none"> ▪ 1 = Admit Through Discharge Claim. Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. ▪ 2 = Interim–First Claim. Use this code for the first of an expected series of claims for a course of treatment. ▪ 3 = Interim–Continuing Claim. Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted. ▪ 4 = Interim–Final Claim. Use this code for a claim which is the last claim. The “Through” date of this bill (Form Locator 6) is the discharge date or date of death. ▪ 7 = Adjustment/ Replacement of Prior Claim. Use this code to correct a previously submitted and paid claim. ▪ 8 = Void/Cancel of a Prior Claim. Use this code to void a previously submitted and paid claim. 			Do not use a leading “0” in the portal.
5	FED. TAX NO.	Required	Enter the Federal Tax ID number.			Will auto-populate based on provider selected in drop down.
6	STATEMENT COVERS PERIOD, FROM / THROUGH	Required	Enter the beginning and ending service dates included on this bill. Indicate dates in MMDDYY format, such as 012518.			
7	UNLABELED FIELD	Not applicable	Unlabeled Field			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
8a	PATIENT NAME [IDENTIFIER]	Required	Enter the IHCP Member ID (also known as RID)			Information will auto-populate based on Member searched.
8b	PATIENT NAME	Required	Enter the last name, first name and middle initial of the member.			Information will auto-populate based on Member searched.
9a	PATIENT ADDRESS [STREET]	Required	Enter the member's street address.			Information will auto-populate based on Member searched.
9b	PATIENT ADDRESS [CITY]	Required	Enter the member's city.			Information will auto-populate based on Member searched.
9c	PATIENT ADDRESS [STATE]	Required	Enter the member's two-alpha-character state abbreviation.	Drop down option in portal.		Information will auto-populate based on Member searched.
9d	PATIENT ADDRESS [ZIP CODE]	Required	Enter the member's ZIP Code.	5 Number ZIP		Information will auto-populate based on Member searched.
9e	PATIENT ADDRESS [COUNTRY CODE]	Required	Enter USA in this field.			Information will auto-populate based on Member searched.
10	BIRTHDATE	Required	Enter the member's date of birth in an MMDDYYYY format.			Information will auto-populate based on Member searched.
11	SEX	Required	Enter the member's gender. M for male, F for female.	The portal, also has option for "U"- unknown		Information will auto-populate based on Member searched.
12	ADMISSION DATE	Required for inpatient and LTC	Enter the date the patient was admitted to inpatient care in a MMDDYY format.			

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13	ADMISSION HR	Required for inpatient	Enter the code indicating the hour during which the patient was admitted for inpatient care.						
			Admission Hour Code Structure						
			Code				Time Frame	Code	Time Frame
			00				12a-12:59a	12	12p-12:59p
			01				1a-1:59a	13	1p-1:59p
			02				2a-2:59a	14	2p-2:59p
			03				3a-3:59a	15	3p-3:59p
			04				4a-4:59a	16	4p-4:59p
			05				5a-5:59a	17	5p-5:59p
			06				6a-6:59a	18	6p-6:59p
			07				7a-7:59a	19	7p-7:59p
			08				8a-8:59a	20	8p-8:59p
			14				ADMISSION TYPE	Required for inpatient, outpatient and LTC.	Enter the code indicating the priority of this admission.
Admission Codes									
Code	Description								
1	Emergency								
2	Urgent								
3	Elective								
4	Newborn								
5	Trauma Center								
9	Unspecified								

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
15	ADMISSION SRC	Required for all admissions	Enter the code indicating the source of admission.			
			Source of Admission Codes			
			Code	Description		
			1	Physician Referral		
			2	Clinic Referral		
			3	HMO Referral		
			4	Transfer from Hospital		
			5	Transfer from SNF		
			6	Transfer from Another Health Care Facility		
			7	Emergency Room		
			8	Court/Law Enforcement		
			9	Information Not Available		
			In the Case of Newborn			
			1	Normal Delivery		
			2	Premature Delivery		
			3	Sick Baby		
4	Extramural Birth					

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC			
16	DHR	Optional	Enter the discharge hour (the hour during which the member was discharged from inpatient care). Valid values are the same as for field 13.						
			Discharge Hour Code Structure						
			Code				Time Frame	Code	Time Frame
			00				12a-12:59a	12	12p-12:59p
			01				1a-1:59a	13	1p-1:59p
			02				2a-2:59a	14	2p-2:59p
			03				3a-3:59a	15	3p-3:59p
			04				4a-4:59a	16	4p-4:59p
			05				5a-5:59a	17	5p-5:59p
			06				6a-6:59a	18	6p-6:59p
			07				7a-7:59a	19	7p-7:59p
			08				8a-8:59a	20	8p-8:59p
			09				9a-9:59a	21	9p-9:59p
			10				10a-10:59a	22	10p-10:59p
11	11a-11:59a	23	11p-11:59p						
17	STAT	Required for inpatient, outpatient, LTC, home health and hospice	Enter the patient status code indicating the member's discharge status as of the ending service date of the period covered on this bill.						
			Patient Status Codes						
			Code				Description		
			01				Discharged to home or self-care, routine discharge		
			02				Discharged or transferred to another short-term general hospital for inpatient care		
			03				Discharged or transferred to skilled nursing facility (SNF)		
04	Discharged or transferred to a facility that provides custodial or supportive care								

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
			05 Discharged or transferred to a designated cancer center or children's hospital			
			06 Discharged or transferred to home under care of organized home health service organization			
			07 Left against medical advice or discontinued care			
			09 Admitted as an inpatient to this hospital			
			20 Expired			
			21 Discharged or transferred to court or law enforcement			
			30 Still a patient			
			40 Expired at home			
			41 Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice			
			42 Expired - place unknown			
			43 Discharged or transferred to a federal health care facility			
			50 Discharged to hospice - Home			
			51 Discharged to hospice - Medical facility			
			61 Discharged or transferred within this institution to hospital-based Medicare swing bed			
			62 Discharged or transferred to another rehabilitation facility, including rehabilitation distinct part units of a hospital			
			63 Discharged or transferred to a long-term care hospital			
			64 Discharged or transferred to a nursing facility - Medicaid-certified but not Medicare certified			
			65 Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital			
			66 Discharged or transferred to a critical access hospital			
			69 Discharged/transferred to a designated disaster alternate care site			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
			70 Discharged or transferred to another type of health care institution not defined elsewhere in the code list			
			81 Discharged to home or self-care with a planned acute care hospital inpatient readmission			
			82 Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission			
			83 Discharged/transferred to skilled nursing facility with Medicare certification with a planned acute care hospital inpatient readmission			
			84 Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission			
			85 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission			
			86 Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission			
			87 Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission			
			88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission			
			89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission			
			90 Discharged/transferred to an inpatient rehabilitation facility including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission			
			91 Discharged/transferred to a Medicare certified long-term care hospital with a planned acute care hospital inpatient readmission			

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18-24	CONDITION CODES	Required, if a condition in the list is applicable to the patient for the service performed.	<p>Enter the applicable codes to identify conditions relating to this bill that may affect processing. A maximum of seven codes can be entered.</p> <table border="1"> <thead> <tr> <th colspan="2">Condition Codes</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td>Condition is employment related</td> </tr> <tr> <td style="text-align: center;">03</td> <td>Patient covered by insurance not reflected here</td> </tr> <tr> <td style="text-align: center;">05</td> <td>Lien has been filed</td> </tr> <tr> <td style="text-align: center;">07</td> <td>Treatment of nonterminal condition for hospice patient</td> </tr> <tr> <td style="text-align: center;">40</td> <td>Same-day transfer</td> </tr> <tr> <td style="text-align: center;">61</td> <td>Cost outlier</td> </tr> <tr> <td style="text-align: center;">81</td> <td>C-section/inductions < 39 weeks – medical necessity</td> </tr> <tr> <td style="text-align: center;">82</td> <td>C-section/inductions < 39 weeks – elective</td> </tr> <tr> <td style="text-align: center;">83</td> <td>C-section/inductions 39 weeks or greater</td> </tr> <tr> <td style="text-align: center;">A7</td> <td>Induced abortion, danger to life</td> </tr> <tr> <td style="text-align: center;">A8</td> <td>Induced abortion, victim of rape or incest</td> </tr> </tbody> </table>	Condition Codes		02	Condition is employment related	03	Patient covered by insurance not reflected here	05	Lien has been filed	07	Treatment of nonterminal condition for hospice patient	40	Same-day transfer	61	Cost outlier	81	C-section/inductions < 39 weeks – medical necessity	82	C-section/inductions < 39 weeks – elective	83	C-section/inductions 39 weeks or greater	A7	Induced abortion, danger to life	A8	Induced abortion, victim of rape or incest			
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25-28	CONDITION CODES	Not Applicable	Not used																											
29	ACDT STATE	Optional	Enter the state where the accident occurred.																											

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC	
30	UNLABELED FIELD	Not applicable	Not used				
31a-34b	OCCURRENCE CODE / DATE	Required, if an occurrence code in the list is applicable to the patient for the service performed.	Enter the applicable code and associated date to identify significant events relating to this bill that may affect processing. Dates are entered in an MMDDYY format. A maximum of eight codes and associated dates can be entered.				
			Occurrence Code				
			Code				Description
			01				Auto accident
			02				No-fault insurance involved – This code includes auto accident or other insurance
			03				Accident or tort liability
			04				Accident or employment related
			05				Other accident
			06				Crime victim
			25				Date benefits terminated by primary payer
			27				Date home health plan established or last reviewed
			42				Date of discharge – This code is used to show the date of live discharge from an inpatient hospital stay, from a long-term care facility, or from home health or hospice care, as appropriate
			52				Certification/recertification date – This code is used to show that an initial examination or initial evaluation is being billed in a hospital setting. This code bypasses certain PA editing. Details can be found in the applicable sections of the IAC.
			55				Date of death – This code is used to show the date of death.
73	Benefit eligibility – This code is used to bill for home health overhead – One per day.						

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
35a-36b	OCCURRENCE SPAN CODE, FROM / THROUGH	Required, if an occurrence code was indicated in at least one box 31a-34b	Enter the code and associated dates for significant events relating to this bill. Each occurrence span code must be accompanied by the span from and through date.			
37	UNLABELED FIELD	Not applicable	Not applicable			
38	UNLABELED FIELD	Not applicable	Not applicable			
39a-41d	VALUE CODES - CODE / AMOUNT	Required, if applicable	Use these fields to identify Explanation of Medicare Benefits (EOMB) or Medicare Advantage Plan EOB information. The following value codes must be used along with the appropriate total dollar or unit amounts for each. Required, if applicable. <ul style="list-style-type: none"> • Value code A1 - Medicare/Medicare Advantage Plan deductible • Value code A2 - Medicare/Medicare Advantage Plan coinsurance or copayment • Value code 06 - Medicare/Medicare Advantage Plan blood deductible • Value code 80 - IHCP covered days 			
42	REV. CD.	Required	Enter the applicable revenue codes that identify each specific accommodation, ancillary service or billing calculation. The appropriate three-digit, numeric revenue code must be entered to explain each charge entered in field 47. See the IAC for covered services, limitations and medical policy rules. Use the most specific revenue code available The IHCP Code Sets can be found here.			Must use the leading "0" in the UHC portal. Example 0120.
43	DESCRIPTION	Required, if applicable	Required for National Drug Code (NDC) billing for revenue codes 634, 635 and 636, the following information is required when applicable: <ol style="list-style-type: none"> 1. Enter the NDC qualifier of N4 in the first two positions on the left side of the field. 2. Enter the 11-digit numeric NDC code in the "5-4-2" format. Do not include spaces or hyphens. 3. Enter the drug description. 4. Enter the NDC unit-of-measure qualifier: <ul style="list-style-type: none"> • 2 - International Unit • GR - Gram • ME - Milligram • ML - Milliliter • UN - Unit 5. Enter the NDC quantity (administered amount) with up to three decimal places, such as 1234.567. Optionally for other, enter a narrative description of the related revenue code category (entered in field 42). Abbreviations may be used. Only one description per line. Optional.			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
44	HCPCS/RATE/HIPPS CODE	Required for home health, outpatient and ASC	Enter the HCPCS code applicable to the service provided. Only one service code per line is permitted. Required for home health, outpatient and ASC. This field is also used to identify procedure code modifiers. Provide the appropriate modifier, as applicable. Up to four modifiers are allowed for each procedure code. This is a 13-character field.			
45	SERV. DATE	Required for home health, hospice, ESRD, ASC and outpatient	Provide the date the indicated outpatient service was rendered.			
45	CREATION DATE	Required	In field 45, line 23, Enter the date the bill is submitted.			Portal captures submission date.
46	SERV. UNITS	Required	Enter the number of units provided for each corresponding revenue code or procedure code submitted. Six digits are allowed. Units must be billed using whole numbers.			Add service units and indicate units or days in the drop down in the UHC portal.
47	TOTAL CHARGES	Required	Enter the total charges pertaining to the related revenue code for the STATEMENT COVERS PERIOD (field 6). Ten digits are allowed per line, such as 99999999.99.			
47	TOTALS	Required	In line 23 of this field, enter the sum of all charges billed. For continuation claims, the sum should be entered only on the last page of the claim.			Portal calculates sum of billed charges.
48	NON-COVERED CHARGES	Not Applicable				
49	UNLABELED FIELD	Not applicable				

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
50A-50C	<p>PAYER NAME – Enter the name of the primary, secondary, and tertiary payer for the claim.</p> <p>Enter payers in the following rows, as applicable:</p> <ul style="list-style-type: none"> • Row A – Enter “Medicare” or enter “Medicare Advantage Plan [plus the name of the carrier].”—Required, if applicable • Row B – Enter the name of third-party carriers other than Medicare or Medicare Advantage Plan.—Required, if applicable • Row C – Enter the applicable IHCP payer: Medicaid or 590 Program—Required <p>Row B—required if applicable</p>	<p>Row A—required, if applicable</p> <p>Row B—required if applicable</p> <p>Row C—required</p>	<p>Enter the name of the primary, secondary and tertiary payer for the claim. Enter payers in the following rows, as applicable:</p> <ul style="list-style-type: none"> • Row A – Enter “Medicare” or enter “Medicare Advantage Plan [plus the name of the carrier].” Required, if applicable. • Row B – Enter the name of third-party carriers other than Medicare or Medicare Advantage Plan. Required, if applicable. • Row C – Enter the applicable IHCP payer: Medicaid or 590 Program 	<p>This is selected at the top of the portal page in a drop down.</p>		
51A-51C	HEALTH PLAN ID	Required, if applicable	<p>Enter plan ID numbers pertaining to Medicare/Medicare Advantage Plan and other TPL payers listed in field 50.</p> <ul style="list-style-type: none"> • Required, if applicable, for rows 51A and 51B (Medicare/Medicare Advantage Plan and other TPL payer). • Not applicable for row 51C (Medicaid or 590 Program) 	<p>This is selected at the top of the portal page in a drop down.</p>		
52A-52C	RELEASE OF INFORMATION	52A Required. 52B-52C, if applicable	Not applicable			Information will auto-populate in the UHC Portal.
53A-53C	ASSIGNMENT OF BENEFITS	53A Required. 53B-53C, required if applicable	On 53A, mark Y for yes, benefits are assigned. The IHCP Provider Agreement includes details about accepting payment for services.			Information will auto-populate in the UHC Portal.
54A-54C	PRIOR PAYMENTS	Required, if applicable	Enter the total amount paid by each carrier listed in fields 50A–50C.			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
55A-55C	EST. AMOUNT DUE	Required for row 55C (Medicaid or 590 Program)	In the appropriate row, enter the amount being billed to the IHCP. Calculate the estimated amount due by subtracting the amounts in fields 54A–54C from the amount in row 23 of field 47, TOTAL CHARGES > TOTALS. This field accommodates 10 digits, such as 99999999.99. <ul style="list-style-type: none"> • Not applicable for rows 55A or 55B (Medicare or other TPL payer). • Required for row 55C (Medicaid or 590 Program). 			
56	NPI	Required	Enter the 10-digit NPI for the billing provider. Required for health care providers.			
57A-57C	OTHER PROVIDER ID	Not applicable				
58A-58C	INSURED'S NAME	Required	Enter the last name, first name and middle initial of the individual insured by the payers listed in field 50. Enter it exactly as listed on the Member ID card.			Information will auto-populate based on Member searched.
59A-59C	P. REL	Not applicable				
60A-60C	INSURED'S UNIQUE ID	Required	Enter the member's identification number for the respective payers entered in fields 50A–50C. The 12-digit IHCP Member ID is required, also known as RID.			Information will auto-populate based on Member searched.
61A-61C	GROUP NAME	Required, if applicable	Enter the name of the group or plan through which insurance is provided to the member by the respective payers entered in fields 50A–50C.			
62A-62C	INSURANCE GROUP NO—	Required, if applicable, for rows 55A and 55B (Medicare and other TPL payer). Not applicable for row 55C (Medicaid or 590 Program).	Enter the identification number, control number or code assigned by the carrier or administrator (listed in field 50) to identify the group under which the individual is covered.			
63A-63C	TREATMENT AUTHORIZATION CODES	Optional	Enter the number that indicates the payer authorized the treatment covered by this bill. Entry of the authorization number can facilitate faster claim adjudication.			
64A-64C	DOCUMENT CONTROL NUMBER	Required, if applicable	Enter the original claim number when billing a corrected or voided claim.			
65A-65C	EMPLOYER NAME	Required, if applicable	Enter the name of the employer that might or does provide health care coverage for the insured individual identified in field 58.			

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66	DX	Required	Enter 0 to indicate ICD-10 codes.			
67	PRINCIPAL DIAGNOSIS CODE	Required	Provide the ICD-10 code describing the principal diagnosis; that is, the condition established after study to be chiefly responsible for the admission of the patient for care.			
67	POA INDICATOR	Required for inpatient	Enter the appropriate present-on-admission (POA) indicator in the shaded area of field 67. Required for inpatient (except for codes that are exempt from POA reporting). Valid POA indicators include: <ul style="list-style-type: none"> • Y (for yes) – Present at the time of inpatient admission. • N (for no) – Not present at the time of inpatient admission. • U (for unknown) – The documentation is insufficient to determine if the condition was present at the time of inpatient admission. • W (for clinically undetermined) – The provider is unable to clinically determine whether the condition was present at the time of inpatient admission. • [Leave blank] (for unreported/not used) – Diagnosis is exempt from POA reporting. 			Must make a drop-down selection in the UHC portal. Use not applicable if the POA indicator is not required.
67A-Q	OTHER DIAGNOSIS CODES	Required, if applicable	Provide the ICD-10 codes corresponding to additional conditions that coexist at the time of admission, or that develop subsequently, and that have an effect on the treatment received or the length of stay. Required, if applicable. [POA INDICATOR] – Enter the appropriate POA indicator in the shaded areas of field 67A-Q. Required for inpatient (except for codes that are exempt from POA reporting). Valid POA indicators include: <ul style="list-style-type: none"> • Y (for yes) – Present at the time of inpatient admission. • N (for no) – Not present at the time of inpatient admission. • U (for unknown) – The documentation is insufficient to determine if the condition was present at the time of inpatient admission. • W (for clinically undetermined) – The provider is unable to clinically determine whether the condition was present at the time of inpatient admission. • [Leave blank] (for unreported/not used) – Diagnosis is exempt from POA reporting 			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
67A-Q	POA INDICATOR	Required for inpatient (except for codes that are exempt from POA reporting)	Provide the ICD codes corresponding to additional conditions that coexist at the time of admission, or that develop subsequently, and that have an effect on the treatment received or the length of stay. Required, if applicable. [POA INDICATOR] – Enter the appropriate POA indicator in the shaded areas of field 67A-Q. Required for inpatient (except for codes that are exempt from POA reporting). Valid POA indicators include: <ul style="list-style-type: none"> • Y (for yes) – Present at the time of inpatient admission. • N (for no) – Not present at the time of inpatient admission. • U (for unknown) – The documentation is insufficient to determine if the condition was present at the time of inpatient admission. • W (for clinically undetermined) – The provider is unable to clinically determine whether the condition was present at the time of inpatient admission. • [Leave blank] (for unreported/not used) – Diagnosis is exempt from POA reporting. 			
68	UNLABELED FIELD	Not applicable	Not used			
69	ADMIT DX	Required for inpatient and LTC	Enter the ICD diagnosis code provided at the time of admission, as stated by the physician.			
70	PATIENT REASON DX	Required, if applicable	Enter the ICD diagnosis code that reflects the patient's reason for visit at the time of outpatient registration.			
71	PPS CODE	Required for inpatient billing	The PPS code assigned to the claim to identify the DRG based on the grouper.			
72	ECI	Required, if applicable	If applicable, use the appropriate external cause of injury (ECI) diagnosis codes provided at the time of admission, as stated by the physician. ECI codes (also known as E codes) indicate the external cause of injury, poisoning or adverse effect. Up to three ECI codes may be entered.			
73	UNLABELED FIELD	Not applicable	Not used			
74	PRINCIPAL PROCEDURE CODE/DATE	Required for inpatient	Enter the ICD procedure code that identifies the principal procedure performed during the period covered by this claim, and the date the principal procedure described on the claim was performed.			
74a-e	OTHER PROCEDURE CODE/DATE--	Required, when appropriate, for inpatient procedures	Enter the ICD procedure codes identifying all significant procedures other than the principal procedure, and the dates the procedures were performed. Report the codes that are most important for the encounter and specifically any therapeutic procedures closely related to the principal diagnosis			
75	UNLABELED FIELD	Not applicable	Not used			

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Form Field	UB-04	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
76	ATTENDING – NPI	Required for inpatient, outpatient, ASC and LTC	Enter the attending physician's 10-digit numeric NPI. Do not use the NPI of a group provider. The attending provider should always be an individual person.			
77	OPERATING – NPI	Required if any surgical codes are billed.	Enter the operating physician's 10-digit numeric NPI.			
78	OTHER NPI	Required if the ordering, prescribing or referring provider is not listed in fields 76 or 77	Enter the 10-digit numeric NPI for the other physician (referring/primary medical provider [PMP]).			Use box 77 "add other provider". Box 78 is not available in the UHC portal.
79	OTHER – NPI	Not applicable				
80	REMARKS	Optional	Use this field for claim note text. Provide information, using as many as 80 characters, that may be helpful in further describing the services rendered.			Use Add Item to indicate the CLIA # for lab claims in the UHC portal.
81CC a-d	ADDITIONAL CODES	Required, if applicable	Required when taxonomy needs to be established to have a one-to-one NPI/Provider ID match if the provider has multiple locations. Enter B3 taxonomy qualifier and corresponding 10-digit alphanumeric taxonomy code for the billing provider service location. 81CCa – First box B3 qualifier; second box taxonomy code for billing provider service location from field 56	This is auto populated in the portal based on the provider profile.		A billing Taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. Billing an invalid Taxonomy may result in a rejected claim.

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CMS-1500

CMS-1500 paper forms can be purchased online and at various approved suppliers (i.e. Office Depot). Some health care provider types that bill on a CMS-1500 include:

- Adult Day Care
- Adult Family Care
- Assisted Living
- Attendant Care
- Care Management
- Home and Community Assistance
- Personal Services
- Pest Control
- Respite
- Structured Family Care

[inset CMS-1500]

Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
1	INSURANCE CARRIER SELECTION	Required	Enter X in the box for Medicaid.			
1a	INSURED'S I.D. NUMBER	Required	Enter the IHCP Member ID (also known as RID). Must be 12 digits.			Information will auto-populate based on Member searched.
2	PATIENT'S NAME	Required	Enter the last name, first name and middle initial of the member. Enter it exactly as listed on the Member ID card.			Information will auto-populate based on Member searched.
3	PATIENT'S BIRTH DATE AND SEX	Required	Enter the member's birth date in MMDDYY format. Required For Sex, enter X in the appropriate box. Optional			Information will auto-populate based on Member searched.
4	INSURED'S NAME	Required, if applicable	Enter the last name, first name and middle initial of the insured individual. Enter it exactly as listed on the Member ID card.			Information will auto-populate based on Member searched.
5	PATIENT'S ADDRESS	Required	Enter the member's complete address information: No., Street, CITY, STATE, ZIP CODE, TELEPHONE (Include Area Code)			Information will auto-populate based on Member searched.

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
6	PATIENT RELATIONSHIP TO INSURED	Optional	Enter the patient's relationship to the insured. Enter "Self" if services are covered by Patient's insurance			Information will auto-populate based on Member searched.
7	INSURED'S ADDRESS	Required	No., Street, CITY, STATE, ZIP CODE, TELEPHONE (Include Area Code)			
8	RESERVED FOR NUCC USE	Not applicable	RESERVED FOR NUCC USE			
9	OTHER INSURED'S NAME	Required, if applicable	If the member has another health benefit plan, and if the policyholder of the other health benefit plan is not the member, then enter the Last Name, First Name, Middle Initial of the policyholder. Complete 9a, 9d, and 11d.			
9a	OTHER INSURED'S POLICY OR GROUP NUMBER	Required, if applicable	Required when other insurance is available. Enter the policyholder's policy and group number.			
9b	RESERVED FOR NUCC USE	Not applicable	Not used			
9c	RESERVED FOR NUCC USE	Not applicable	Not used			
9d	INSURANCE PLAN NAME OR PROGRAM NAME	Required, if applicable	If other insurance is available, enter the other insurance plan name or program name (carrier name). For commercial TPL, enter the commercial carrier's name; for Medicare, enter "Medicare"; for Medicare Advantage Plan, enter "Medicare Advantage Plan [plus the name of the carrier]". If more than one type of other insurance applies, both must be entered.			
10a	CONDITION RELATED TO EMPLOYMENT	Required, if applicable	If the patient's condition is related to employment (with a current or previous employer), enter X in the Yes box.	Drop down option in portal under "Add Ancillary Claim: Treatment Information".		
10b	CONDITION RELATED TO - AUTO ACCIDENT	Required, if applicable	If the patient's condition is related to an auto accident enter X in the Yes box.			
10b	PLACE (State)	Required, if applicable	If yes in 10b, enter the two-character state code.			
10c	CONDITION RELATED TO - OTHER ACCIDENT	Required, if applicable	If the patient's condition is related to another accident, enter X in the yes box.			

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
10d	CLAIM CODES	Optional	(Designated by NUCC) – The claim codes identify additional information about the patient's condition on the claim. When reporting more than one code, enter three blank spaces and then the next code. This field allows for the entry of 19 characters.			
11	INSURED'S POLICY GROUP OR FECA NUMBER	Not applicable	Not used.			
11a	INSURED'S DATE OF BIRTH	Required, if applicable	Enter the insured's birth date in MMDDYY format.			
11a	SEX	Required, if applicable	Enter an X in the appropriate sex box to indicate the sex of the insured in form field 9.			
11c	INSURANCE PLAN NAME OR PROGRAM NAME	Required	Enter Medicaid			
11d	IS THERE ANOTHER HEALTH BENEFIT PLAN	Required, if applicable	Enter X in the Yes box if there is another health benefit plan. If the response is Yes, complete items 9, 9a and 9d.			
12	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Optional	For signatures that are on file for the member, you may enter "ON FILE" as an acceptable response.			
13	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Required	For signatures that are on file for the insured, you may enter "ON FILE" as an acceptable response.			
14	DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)	Required if Applicable	For illness, enter the date of the first symptom. For injury, enter the accident date. For pregnancy-related services, enter the date of the last menstrual period (LMP). Enter the date in MMDDYY format.			
14	QUAL	Required, if applicable	Enter the applicable three-character qualifier code designated by the NUCC to identify the type of date entered: For illness/symptom onset and injury, enter 432. For LMP, enter 484.			
15	OTHER DATE	Optional	Enter date in MMDDYY format. The qualifier code is not applicable.			
16	DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION – FROM/TO	Required, if applicable	If field 10a is Yes, enter the applicable from and to dates in a MMDDYY format.			

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
17	NAME OF REFERRING PROVIDER OR OTHER SOURCE	Required, if applicable	Enter the name of the referring, ordering or other applicable provider. If none exists or it is unknown, this may be left blank.			
17a	ID NUMBER OF REFERRING PROVIDER, ORDERING PROVIDER OR OTHER SOURCE	Required, if applicable	Required when a name is entered in 17. In the second box (shaded), enter the IHCP Provider ID or taxonomy code of the referring, ordering or other applicable provider named in 17. In the first box (unshaded), enter a qualifier indicating what the number reported in the second box represents. <ul style="list-style-type: none"> For atypical (nonhealth care) providers – Report the provider's IHCP Provider ID in the second box and a qualifier of G2 in the first box. For health care providers – Report the provider's taxonomy code in the second box and a qualifier of PXC in the first box. A taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. 			
17b	NPI	Required. If applicable	Required when a name is entered in 17. Enter the 10-digit numeric NPI of the referring provider, ordering provider or other source			
18	HOSPITALIZATION DATES RELATED TO CURRENT SERVICES – FROM/TO	Required, if applicable	Enter the requested from and to dates in MMDDYY format.			
19	ADDITIONAL CLAIM INFORMATION	Required, if applicable	If this claim is for HCBS Services, the caregiver's relationship to the patient must be entered here using the following structure. NAME: enter name REL: enter Spouse, if not Spouse, enter Other. Can also be formatted for these characters after NAME and REL (- . >) whichever you use after NAME, use the same after REL. All other uses: (Designated by NUCC) – This field is being used as a notes section for information, such as third-party liability (TPL) 90-day no response. This field is limited to 80 characters. The additional claim information is the functional equivalent of the claim note section on the 837P and IHCP Portal claim submissions.			
20	OUTSIDE LAB?	Not applicable				
21A-L	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Required	1. Enter the ICD diagnosis codes in priority order. A total of 12 codes can be entered. - For HCBS Services, if the actual diagnosis code is not known, enter R69 in field 21, line A, as the diagnosis for all waiver or demonstration grant members. 2. In the INC Ind. Field, enter to indicate ICD-10 diagnosis codes.			

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
22	RESUBMISSION CODE, ORIGINAL REF. NO.	Required, if applicable	Applicable for Medicare Part B crossover claims and Medicare Advantage Plan crossover claims. For crossover claims, the combined total of the Medicare coinsurance or copayment and deductible must be reported on the left side of field 22, under the heading Resubmission Code. The Medicare paid amount (actual dollars received from Medicare or the Medicare Advantage Plan) must be submitted in field 22, on the right side under the heading Original Ref. No			
23	PRIOR AUTHORIZATION NUMBER	Optional	The prior authorization (PA) number is not required, but entry is recommended when applicable to assist in tracking services that require PA.			
24A to 24H Top Half	NATIONAL DRUG CODE INFORMATION	Required, if applicable	The shaded portion of lines 1-6 in fields 24A to 24H is used to report national drug code (NDC) information for applicable procedure codes (reported in the bottom half of field 24D). It is required when you are billing for a service that includes administration of a medication. To report this information, begin at the far left, in the top (shaded) half of the appropriate row as follows: <ol style="list-style-type: none"> 1. Enter the NDC qualifier of N4. 2. Enter the 11-digit numeric NDC code in the "5-4-2" format. Do not include spaces or hyphens. 3. Enter the drug description. 4. Enter the NDC unit-of-measure qualifier: - F2 - International Unit - GR - Gram - ME - Milligram - ML - Milliliter - UN - Unit 5. Enter the NDC quantity (administered amount) in the format 9999.999. 			
24A Bottom Half	DATE(S) OF SERVICE - From/To	Required, if applicable	Provide the from and to dates, in MMDDYY format, for each service listed in lines 1-6. <ul style="list-style-type: none"> • Bill consecutive dates of service for the same procedure code and same month on a single line. • If the claim includes multiple months, bill each month on separate lines. 			
24B Bottom Half	PLACE OF SERVICE	Required	Enter the place of service (POS) code for the facility where each service was rendered. For HCBS claims, enter the appropriate two-digit code from the following list: <ul style="list-style-type: none"> • 11 - Office/Clinic • 12 - Home For other claims, for a list of POS codes, go to the Place of Service Code Set page on the CMS website at cms.gov .			
24C Bottom Half	EMG	Required	Enter an emergency indicator of Y in this field to indicate services (CPT or HCPCS codes in field 24D, lines 1-6) that were for emergency care. Enter Y or N.			

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
24D Bottom Half	PROCEDURES, SERVICES, OR SUPPLIES—CPT/HCPCS	Required	Enter the appropriate procedure code for the service rendered. Enter only one procedure code on each detail line.			
24D Bottom Half	Modifier	Required, if applicable	If the procedure requires a Modifier, it must be entered here. Enter the appropriate modifier. Up to four modifiers are allowed for each procedure code. HCBS providers must consult the NOA or Service Authorization form to determine the procedure code/modifier combinations approved to bill for the member under that benefit plan.			
24E Bottom Half	DIAGNOSIS POINTER	Required	For each procedure code in field 24D, lines 1-6, enter the letter (A-L) corresponding to the applicable diagnosis codes in field 21. A minimum of one and a maximum of four diagnosis code pointers can be entered for each line. For HCBS Services, enter A referring to field 21 where R69 (or other appropriate diagnosis code) was entered.	Based on codes entered earlier, this will be a drop down.		
24F Bottom Half	\$ CHARGES	Required	Enter the total amount charged for the procedure performed, based on the number of units indicated in field 24G. The charged amount is the sum of the total units multiplied by the single unit charge. Each line is computed independently. This is a 10-digit field.			
24G Bottom Half	DAYS OR UNITS	Required	Enter the number of units being claimed for each procedure code. Six digits are allowed, and 9999.99 units is the maximum that can be submitted. For HCBS Services, enter the total number of units, in whole units only, for the service date or dates on that line. See the NOA or Service Authorization form for unit duration for each code billed.			
24H	EPSDT Family Plan	Required, if applicable	Use this field to indicate the following circumstances, for each applicable line: <ul style="list-style-type: none"> • Report Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services by entering the appropriate NUCC two-character code in the shaded, top half of the field. • Report family planning services by entering a Y (for yes) in the unshaded, bottom half of the field. • If the patient is pregnant, indicate with a P in the unshaded, bottom half of the field. 			
24I Top Half	ID. QUAL	Required, if applicable.	Also known as the Secondary Identifier. Depending on provider type, enter the following information: G2 (LPI) for HCBS providers, PXC for all other providers.) G2 is the qualifier that applies to atypical, non-health care providers. PXC is the qualifier that applies to the provider's taxonomy.	In Availity, this auto-populates when selecting the Provider Profile for "Billing Provider"		

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
24J Top Half	RENDERING PROVIDER ID. #	Required, if applicable	<ul style="list-style-type: none"> For Area Agencies on Aging (AAA) billing for services other than case management, the rendering Provider ID is the agency's rendering Provider ID issued by the IHCP. For all group skilled providers, the rendering Provider ID is the agency's rendering Provider NPI 			
24J Bottom Half	RENDERING PROVIDER ID. # - NPI	Required, if applicable	For HCBS Providers, leave this field blank. Required for all other providers. Enter the NPI of the provider that rendered the service.			
25	FEDERAL TAX I.D. NUMBER	Required	FEDERAL TAX I.D. NUMBER	In Availability, this will auto populate based on profile selected.		Information will auto-populate in the UHC Portal
26	PATIENT'S ACCOUNT NO	Required	Enter the internal patient tracking number. This is provider designated and there is no required formatting. If the provider not use one, enter "999999999".			
27	ACCEPT ASSIGNMENT?	Required	Enter yes by selecting "Y". The IHCP Provider Agreement includes details about accepting payment for services. This is a drop down in all MCE portals.			
28	TOTAL CHARGE	Required	Enter the total of all detail line charges in column 24F.			
29	AMOUNT PAID -	Required, if applicable	Enter the total payment received from all other sources, excluding the Medicare or Medicare Advantage Plan paid amount (which is entered in field 22). Combine all applicable items and enter the total this field. This is a 10-digit field. If another insurer was billed but paid zero, enter 0 in this field. For all HCBS waiver claims, including those members with HCBS waiver liability, always enter \$0.			
30	RSVD FOR NUCC USE	Not applicable	RSVD FOR NUCC USE - Not applicable			
31	SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	Optional	IHCP participating providers must have a signature on file. therefore, this field is optional.			
31	DATE	Required	Enter the date the claim was filed. When submitting paper claims, multiple date formats are acceptable: mm/dd/yy or mm/dd/yyyy may be used. MCE portals will prompt for entry in the acceptable format.			

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Form Field	CMS-1500	PathWays MCE Uniform Billing Requirement	Description	Anthem	Humana	UHC
32	SERVICE FACILITY LOCATION INFORMATION	Required, if applicable.	Enter the facility name and address where the services were rendered, if other than a private home or if the service location is different than the Billing Provider. Service Facility location is the address of the physical location where services were provided (other than the private home), if different from the Billing Provider location. Example: The Billing Provider is the corporate location, and the Service Facility Location is the satellite branch that served the member.			
32a	SERVICE FACILITY LOCATION - NPI	Required, if applicable	Enter the NPI of the service facility location only if the NPI is different from the billing provider NPI.			
32b	SERVICE FACILITY LOCATION [QUALIFIER AND ID NUMBER]	Not applicable	Not used			
33	BILLING PROVIDER INFO & PH #	Required	Enter the service location name and address (including ZIP Code+4) as listed on the provider enrollment profile for the billing provider. The address in this field should match the service location address (not the legal [home office], pay-to, or mail-to address) on file for the billing provider			
33a	BILLING PROVIDER - NPI	Required unless the billing provider is an atypical (non-health care) provider	Enter the billing provider NPI. Required unless the billing provider is an atypical (nonhealth care) provider. HCBS providers should leave this blank and follow instructions in 33b.	Will auto-populate if on the Provider Profile selected in the dropdown.		When billing an Atypical Provider ID in the UHC portal select "No" when asked if billing an NPI. Box 33a will then ask for the Atypical ID/Medicaid ID.
33b	BILLING PROVIDER - [QUALIFIER AND ID NUMBER]	Required for HCBS billing providers	If the billing provider is an HCBS provider, enter the qualifier G2 and the billing provider's IHCP Provider ID. Health care providers enter a qualifier of PXC and the billing provider taxonomy code in this field. Taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. Required for health care providers if necessary for establishing a one-to-one match the for the NPI in filed 33a.	Will auto-populate from the Atypical Provider Profile on the dropdown.		Provider identifies this information in the UHC Portal by selecting "No" for Billing Provider NPI, and being prompted to enter the Atypical/Medicaid ID.