



Dear Provider,

Effective September 12, 2018, MeridianHealth (Meridian) updated their billing system requirements related to Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) claims submissions, in an effort to ease the submission process for provider partners. See below for FAQs related to RHC and FQHC Claim submission guidance. The HCFA 1500 Claim Form must be submitted with these exact requirements. If you have any questions, please contact your Provider Network Development Representative (PNDR) at **312-705-2900**.

1) What are Meridian’s requirements for the following claim form fields on the HCFA 1500 Claim Form for encounter clinic claims (provider type: 040/043/048)?

- a) 24J: The rendering National Provider Identifier (NPI) or the Encounter Clinic NPI may be billed. We will look to 33a for the IMPACT registered Encounter Clinic specific NPI. If a rendering provider is billed, the EOB will show the rendering provider. (Loop 2310B/2420A)
- b) 32: Service location address where services were rendered, if different from the NPI billed in Box 33a
- c) 32a: The IMPACT registered clinic specific NPI (Loop 2310C)
- d) 32b: Taxonomy Code (Loop 2310D)
- e) 33: Billing Name and Remittance address for claim payment
- f) 33a: The IMPACT registered clinic specific NPI (Loop 2010AA)
- g) 33b: Taxonomy Code (Loop 2010AA)

2) What taxonomy is required for a provider submitting an encounter clinic claim (FQHC/Rural Health Clinic (RHC)/Encounter Rate Clinic (ERC))?

The taxonomy submitted in box 33b must be an appropriate taxonomy for whichever provider NPI has submitted in Box 33a.

3) Is the NPI in 33a required to be registered with IMPACT?

Yes, as an FQHC or RHC provider type.

4) What places of services are appropriate for an encounter clinic claim?

12, 31, 32, 33, 49, 50 and 72.

5) Is the NPI and Taxonomy in Box 33 required to match the service location address in Box 32?

If the service location in Box 32 is the same as the NPI in Box 33a, Box 32 is not required.

6) Who should be contacted if there are issues?

Your location PNDR.

HCFA 1500 Claim Form:

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. PROCEDURE, SERVICE, OR SUPPLIES		E. DIAGNOSIS		F. CHARGES		G. UNITS		H. RATE		I. QUAL		J. RENDERING PROVIDER ID. #	
From	To		EMG	(Specify Unusual Circumstances)	PT/HCPCS	MODIFIER	ICD-9-CM	ICD-9-CM	\$	UNIT	UNIT	UNIT	UNIT	UNIT	UNIT	UNIT	UNIT
1																	
2																	
3																	
4																	
5																	
6																	

25. FEDERAL TAX ID. NUMBER		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rvd for NUCC Use	
SSN	EIN			YES	NO	\$	\$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()			
SIGNED		DATE		NPI		NPI		NPI		NPI	

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