Taxonomy Code Required on Claims Submission
Failure Could Result in Claim Rejection

For claims received effective 2/28/2022 and later, CountyCare will require the submission of a billing provider taxonomy code on all claims received from all provider types. All 837I and 837P claims should have the 10-character provider taxonomy code populated in Segment PRV*BI (Billing provider Loop 2000A), element PRV03 is required. For UB-04 paper claims Box 81CCa should have qualifier 83, in addition to the taxonomy code. For CMS 1500 paper claims Box33b should be populated with qualifier ZZ, in addition to the taxonomy code. **Failure to submit the taxonomy code will result in a claim rejection.**

<u>Note:</u> Waiver providers billing CMS 1500 paper claims do not need to submit taxonomy code as the same field is utilized for Medicaid ID submission.