Submitting professional services claims to Medicare with a taxonomy code

The Health Care Authority's (HCA) HIPAA team has developed this factsheet as a guide for Washington Apple Health providers that have Medicare/Medicaid eligible clients. This information should assist providers billing Medicare for dual eligible clients so their claims automatically cross over to ProviderOne with the required taxonomy code.

Professional services Medicare crossover claims

Guideline:

Medicare will allow the appropriate submittal of taxonomy codes per the Federal Implementation Guides, yet do not require it for adjudication of claims. Medicare's instruction regarding taxonomy submission:

- Medicare does not require that taxonomy codes be submitted in order to adjudicate claims, but will accept the taxonomy code if submitted. However, taxonomy codes submitted must be valid against the taxonomy code set published at the Washington Publishing Company's website. Claims submitted with invalid taxonomy codes will be rejected.

Process:

When submitting your claims to Medicare that may cross over to Medicaid, there are scenarios to take into account. Depending on your billing requirements to the agency, you will need to submit taxonomy in the following fashion:

- Scenario 1: The agency billing requires that you submit both a group/clinic NPI/taxonomy code and a rendering provider NPI/taxonomy code.
    - o Submit the group/clinic taxonomy code in loop 2000A
    - o Submit the rendering provider taxonomy code in loop 2310B.
    - o When submitting to Medicaid directly, you will need to submit at both levels
- Scenario 2: Then agency billing requires that you submit the group/clinic/facility NPI/taxonomy and no rendering provider information.
    - o Submit with only the 2000A level taxonomy for those claims submitted to Medicare as primary.
    - o When you are submitting to Medicaid directly in this scenario, you would also only submit the 2000A taxonomy.
- Scenario 3: A solo practice provider's billing requires only the NPI/taxonomy, as the billing provider and rendering provider are the same.
    - o Submit only the 2000A level taxonomy claims submitted to Medicare as primary.

- When you are submitting to Medicaid directly in this scenario, you would also only submit the 2000A taxonomy.

Note: If you are using a clearinghouse to submit your claims and need assistance verifying the raw data in your claim, please call your clearinghouse to obtain the file name of the batch they submitted to the agency. Please include that file name in your email for assistance to Hipaa-help@hca.wa.gov .

> Review the HIPAA Companion Guides found on the [HIPAA webpage](#) for more information.