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Submitting Institutional and Rural Health/FQHC Claims to Medicare with a Taxonomy Code

The Agency's HIPAA team has developed this factsheet as a guide for Washington State Medicaid institutional, rural health, and FQHC providers that have Medicare/Medicaid eligible clients. The information on this factsheet should aid providers billing Medicare for the dual eligible clients so their claims automatically cross over to the Agency with the required taxonomy code

Institutional and Rural Health/FQHC Medicare Cross Over Claims

Guideline:

Medicare will allow the appropriate submittal of taxonomy codes per the Federal Implementation guides, yet do not require it for adjudication. We have inserted Medicare's instruction regarding taxonomy submittal below; ***“Medicare does not require taxonomy codes be submitted in order to adjudicate claims, but will accept the taxonomy code, if submitted. However, taxonomy codes that are submitted must be valid against the taxonomy code set published at [Washington Publishing Company's web page](#). Claims submitted with invalid taxonomy codes will be rejected.”***

Process:

When submitting your claims to Medicare that may crossover to Medicaid you will need to submit the Taxonomy Code in the following fashion.

The Agency billing requires you to submit the institution or group **NPI & Taxonomy Code** and only the Attending or Rendering Provider's **NPI number**. In this case, you will submit with only the 2000A Billing/Pay-to-Provider Specialty Information* (PRV segments) **e.g. PRV*BI*PXC*Taxonomy Code~** for those claims submitted to Medicare as the primary payer. Medicare should then forward you claim to the Agency with the necessary taxonomy code to process your crossover claims.

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 file that they submitted to the Agency. Please include that file name in your email for assistance to Hipaa-Help@hca.wa.gov.

You can see the complete set of instructions for electronic billing in the Agency ProviderOne Companion Guides on the [HIPAA web page](#).

*Loop 2000A Billing/Pay-To Provider Specialty Information (PRV segments) – noted on page 19 in the Companion Guide (e.g. PRV*BI*PXC*Taxonomy Code~).