



Claims with Missing or Incorrect Taxonomy Codes

We are encountering significant claim rejects for missing or invalid taxonomy codes for electronic and paper claims for our Medicaid CHIP, STAR and STAR Kids members. [As previously communicated](#), there is necessary information needed on Texas Medicaid claims (electronic and paper) to comply with the state's Medicaid data reporting requirements.

What's Changing

Effective **May 1, 2024**, providers will begin receiving "reject notices or returned paper claims" if the information below is missing or incorrect on electronic or paper claims.

Taxonomy code must match the one submitted and approved by the State Medicaid Agency for the submitted National Provider Identifier, Atypical Provider Identifier and Tax ID.

Taxonomy Codes Requirements:

Medicaid STAR/CHIP & Star Kids Claims Requirements	Electronic Claims	CMS-1500 Claim Form	UB – 04 From Locator
Billing Provider Taxonomy Code – required on all claims	2000A, PRV03	Box 33b w/ZZ qualifier preceding the taxonomy code	Box 81 cc A w/B3 qualifier
Rendering Provider Taxonomy Code – required on Professional claims when Rendering Provider information is submitted at the claim and/or service line level	2310B, PRV03 (claim level) 2420A, PRV03 (service line level)	Box 24J shaded area w/ZZ qualifier in Box 24I	N/A
Attending Provider Taxonomy Code – required on Inpatient Institutional claims	2310A, PRV03	N/A	Box 76 w/B3 qualifier

Resubmit any rejected or denied claims with correct taxonomy code.

As a reminder, you can always reference the [Texas Medicaid Provider Procedures Manual](#) for additional questions or concerns.

Reminder: [New Claim Submission Address and Payor ID](#)

Also, effective **5/1/2024** new paper claims address and Payor Id#:
Blue Cross and Blue Shield of Texas
PO Box 650712
Dallas, TX 75265-0712
Payor ID: **66002**

If you have further questions regarding this notification, you may contact your Provider Network Representative **1-855-212-1615**.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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