

February 9, 2015

**ACTION REQUIRED**

Dear healthcare provider:

During a recent audit of 2013-2014 claims, Cenpatico identified claims that were submitted with missing or invalid taxonomy information. The State of Wisconsin implemented taxonomy code requirements for all HMO payers. The State has rejected the encounters generated by these claims during our encounter data submission process. To allow us to resubmit these encounters to the State, we ask you to do one of the following:

- Attest to the attached taxonomy code changes which align with the State of Wisconsin certification by simply replying to this email with "I agree". Please include your name and title for our records.
- Provide the corrected taxonomy information for the identified claims.

For your convenience, we have attached a document providing details of the relevant claims to allow you the opportunity to verify the information. Please note:

**If, within 30 days of receipt of this letter, you do not respond to this request, it will indicate your agreement with the recoupment of these claims.**

It is the responsibility of each provider to understand and comply with the State of Wisconsin's billing requirements for their provider type(s)/type(s) of service(s). We understand this is a challenging process and therefore have outlined some basics below which will assist with general questions going forward. This information is meant to be used for reference only and we recommend that all providers/billers use the instructions found on the National Uniform Claim Committee (NUCC) website. The link to this website can be found in the ForwardHealth handbooks.

**General Instructions for Paper Claims**

**I. CMS 1500 Professional Claim Form**

Field 17b	NPI of referring provider
Field 24i	Qualifier = ZZ
Field 24ja (shaded):	Rendering provider primary taxonomy code on file with the State.* Legacy ID if an atypical provider
Field 24jb (unshaded):	NPI of rendering provider
Field 25	Tax identification number
Field 32:	Entire address, including the <b>Zip+4</b> of the service facility location
Field 33:	Entire address, including <b>Zip+4</b> of the billing provider's service location.
Field 33a:	NPI of billing provider
Field 33b:	Qualifier = ZZ, plus taxonomy code of the billing provider* (atypical use qualifier G2)

**Note: Fields 17a and 17b are situational and only required when service(s) or supply(s) on claim was referred or ordered by another provider.**

**UB-04 Institutional Claim Form**

Form Locator Field 1	The billing provider service location name, address and <b>Zip+4</b>
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Form Locator Field 5:	Tax identification number of billing provider
Form Locator Field 56:	NPI number of billing provider
Form Locator Field 76	NPI of attending physician
Form Locator Field 76:	Qualifier = ZZ, plus taxonomy code of attending physician*
Form Locator Field 77:	NPI of operating physician
Form Locator Field 78 & 79:	The rendering or referring provider NPI
Form Locator Field 78 & 79:	Qualifier = DN for referring Qualifier = 82 for rendering
Form Locator Field 81CCa	Qualifier = B3, plus taxonomy of billing provider*

**Note:** Field 77 is situational and only required when a surgical procedure is performed.

## **General Instructions for Electronic Claims**

### II. **837 Professional**

The NPI number should be submitted in the ANSI X12, 005010X222, 837P in loops:

2010AA	Billing provider
2010AB	Pay-to-provider
2310A	Referring provider
2310B	Rendering provider
2310C	Service facility location
2310D	Supervising provider
2420C	Service facility location
2420D	Supervising provider
2420F	Referring provider
2420A	Rendering provider
2420B	Purchased service provider
2420E	Ordering provider

If any of the above loops are used, the following segments are required in each loop:

- NM108/09, NM108 (qualifier) XX, NM109=provider NPI number
- REF segment with REF01=EI, REF02=tax ID
- PRV02=PXC (qualifier) and PRV03=provider taxonomy code\*.

**The billing provider's 9-digit ZIP code is required in the 2010AA loop.**

Usage of the PRV segment (taxonomy code) does not apply to loops 2310C, 2310D, 2310E, 2420B, 2420C, 2420D, and 2420E

### III. **837 Institutional**

The NPI number should be submitted in the ANSI X12, 005010X223, 837I in loops:

2010AA	Billing provider
2010AB	Pay-to-provider
2310A	Attending physician
2310B	Operating physician
2310C	Other operating provider

2310F	Referring provider
2310E	Service facility name
2420D	Referring provider
2420A	Operating physician
2420B	Other operating physician

If any of the above loops are used, the following segments are required in each loop:

- NM108/09, NM108 (qualifier) XX, NM109=provider NPI number
- REF segment with REF01=EI, REF02=tax ID
- PRV02=PXC (qualifier) and PRV03=provider taxonomy code\*.

**The billing provider's 9-digit ZIP code is required in the 2010AA loop.**

Usage of the PRV segment (taxonomy code) does not apply to loops 2310C, 2310D, 2310E, 2420B, 2420C, 2420D, and 2420E

**Important Information for Atypical Providers**

If you are an atypical provider, please keep you in mind **you may continue to report your Medicaid ID in 24ja.**

Cenpatico is committed to delivering exceptional service to our providers and members. We are proud of our turnaround time and accuracy of claims processing. We remain committed to enhancing our processes to ensure that we can give you the best service possible.

Thank you for your prompt attention to this matter. Please contact us at [kjohns@cenpatico.com](mailto:kjohns@cenpatico.com) or 414-899-9478 or [ryork@cenpatico.com](mailto:ryork@cenpatico.com) or 414-323-9270 with any questions or concerns.

Sincerely,

Donna Kay  
Director of Network Development and Contracting