

Billing Reminders: Taxonomy Codes

Attention Providers:

Taxonomy codes for billing providers are **required for ALL claim submissions**. Taxonomy codes for rendering providers are required when submitting rendering provider information on claims. Please engage with your clearing house to ensure claims are submitted with a valid taxonomy code.

Claims submitted without a valid taxonomy code for either the billing or rendering provider MAY BE REJECTED, RESULTING IN NO PAYMENT.

Please make sure to use the appropriate taxonomy code for services rendered. For example, if billing lab services, you will use your lab taxonomy code, not the group taxonomy code.

Taxonomy Codes: Claims billed electronically via **837I and 837P formats** should follow instructions from Partnership's professional and institutional companion guides for billing taxonomy codes.

For electronic 837I claims:

Data Element	Loop	Segment ID	Example of Billing Provider NPI and Taxonomy
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*282NR1301X~
Billing Provider NPI	2010AA	NM109	NM1*85*2*Dr. Mickey Mouse*****XX*1234567890~

For electronic 837P claims:

Data Element	Loop	Segment ID	Example of Billing Provider Taxonomy
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*207Q00000X~
Data Element	Loop	Segment ID	Example of Rendering Provider Taxonomy
Rendering Provider Taxonomy Code	2310B	PRV03	PRV*PE*PXC*1223G0001X~

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UB04 Institutional Claims

For paper UB04 Institutional Claims, the billing taxonomy code should be placed in **Box 81CCa** with qualifier **B3**.

CODE	DATE	CODE	DATE	CODE	DATE
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE
80 REMARKS					
					
UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC[®] National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.					

CMS 1500 Professional Claims

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES									
21. DIAGNOSES OR NATURE OF ILLNESS OR INJURY (Relate A4 to service line below (24E))										22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE FROM TO B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual Circumstances) E. DIAGNOSIS F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.										25. BILLING PROVIDER INFO & PH #									
26. FEDERAL TAX ID, NUMBER SSN EIN										27. PATIENT'S ACCOUNT NO.									
28. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										29. SERVICE FACILITY LOCATION INFORMATION									
29. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										30. BILLING PROVIDER INFO & PH #									

- ✓ For paper CMS1500 claims, bill using rendering provider NPI in **Box 24J**.
- ✓ The taxonomy code should be placed in the shaded portion of **Box 24J** for the rendering and in **Box 33B** for the billing

The Department of Health Care Services (DHCS) requires all providers to submit taxonomy codes associated with their billing and rendering national provider identifier (NPI) on institutional and professional claims for data quality purposes.

For more information, please visit the DHCS Medi-Cal Provider Bulletin by [clicking here](#) or scanning the QR code.



If you have any questions related to our new claims system, please reach out to the Provider Relations Department at PartnershipProviderEducation@partnershiphp.org.