

Provider Network News

Billing Taxonomy Code Requirements

PCHP has identified a significant increase in claim rejections due to missing or invalid taxonomy codes for electronic and paper claims for our STAR Medicaid and CHIP members. As previously communicated, this information is required for Texas Medicaid (electronic and paper) claims submission to comply with the state’s Medicaid Encounter data reporting.

Effective March 1, 2025, PCHP will start enforcing the taxonomy code requirements. Providers will begin receiving rejection notices or returned paper claims if the information below is missing or incorrect on electronic or paper claims. The 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.

Texas STAR Medicaid and CHIP Lines of Business Claim Submission Requirements			
Electronic Claim	CMS-1500 Claim Form		UB-04
Billing Provider Taxonomy code <i>Required on all claims</i>	2000A, PRV03	Box 33b with ZZ qualifier preceding taxonomy code	Box 81 ccA with B3 qualifier
Rendering Provider Taxonomy code <i>Required on Professional claims when rendering provider information is present on the claim</i>	2310B, PRV03 (claim level) 2420A, PRV03 (service line level)	Box 24j shaded area with ZZ qualifier in Box 24l	N/A
Attending Provider Taxonomy code <i>Required on Inpatient Institutional claims</i>	2310A, PRV03	N/A	Box 76 with B3 qualifier

Any rejected claims must be resubmitted to PCHP within the 95-day filing deadline to comply with guidelines for timely claim submission.

PCHP encourages providers to visit the [Texas Medicaid Provider Procedural](#), Section 6: Claims Filing for full details of claims filing guidelines.