

Taxonomy Requirements

CHPW would like to remind all clinics and providers that claims must be submitted with valid and appropriate taxonomy codes for the billing provider and, when applicable, the rendering provider.

Important: Claims submitted without valid billing and/or rendering taxonomy codes are rejected by CHPW's clearinghouse and are not forwarded to CHPW for processing.

Providers should ensure:

- Valid billing taxonomy is included on all applicable claims.
- Valid rendering taxonomy is included when required.
- Billing and rendering NPIs/taxonomies are correctly reported based on provider type.
- Specialty-specific taxonomy requirements are followed for Tribal, Behavioral Health, RHC, FQHC, and ABA services.

For more information about taxonomy codes, please continue reading this guideline.

Note: CHPW's Taxonomy Requirements guidelines include links to HCA billing guidelines. Please check HCA billing guidelines periodically for updates.

General Requirements

For solo practitioners, the billing provider and rendering provider are the same. Therefore, only the billing provider NPI and taxonomy are required.

If the billing provider and rendering provider are different entities, separate NPIs and taxonomy codes must be reported for each provider.

For taxonomy requirements specific to Ambulatory Surgery Centers, see the CHPW [Taxonomy Requirement for Ambulatory Surgery Center \(ASC\) Claims](#) bulletin.

Claim Submission Requirements

Electronic and paper claim locations are as follows:

- Billing Taxonomy goes in Loop 2000A, PRV*BI Segment (paper claims: Box 33b)
- Billing NPI goes in Loop 2010AA, NM1*85 Segment (Box 33a)
- Billing Tax Identification Number (TIN) goes in Loop 2010AA, REF*EI Segment (Box 25)
- Rendering Taxonomy goes in Loop 2310B, PRV*PE Segment (Box 24j – top)
- Rendering NPI goes in Loop 2310B, NM1*82 Segment (Box 24j – bottom)
- If the rendering provider is different than that in loop 2310B, enter taxonomy in the line level loop, 2420A (this occurs mainly with FQHCs)

See the “Electronic Claim Example” and “Paper Claim Example” at the end of this bulletin for visual reference.

You can also check the NUCC's [Health Care Provider Taxonomy Code Set](#) to find other taxonomies that may be applicable.

Provider-Specific Requirements

Tribal Providers

Tribal providers must bill with:

- The appropriate billing taxonomy; **and**
- The appropriate assigned American Indian/Alaskan Native (AI/AN) or non-AI/AN tribal modifier.

Acceptable Taxonomies for Tribal Providers

- Medical claims:
 - 208D00000X
 - 225100000X
 - 225X00000X
 - 235Z00000X
 - 152W00000X
 - 171M00000X
 - 174400000X
- Mental health claims:
 - Part 1 of the Mental Health Services Billing Guide, 2083P0901X
 - Part 2 of the Mental Health Services Billing Guide, 261QM0801X
- Substance use disorder claims: 261QR0405X
 - Special requirement for HCPCS H0020: When billing H0020, you must also bill 261QM2800X as the rendering/servicing provider; refer to the Washington State Health Care Authority (HCA) [Substance Use Disorder \(SUD\) Billing Guide](#) for more information
- Residential treatment facilities: 324500000x or 3245S0500x

Please refer to the HCA [Tribal Health Billing Guide](#) for details.

Behavioral Health Services

For CHPW Behavioral Health Services Only (BHSO) plan/members (Behavioral Health Administrative Services Organization (BH-ASO) clients), the HCA is responsible for payment of certain lower-acuity services. Professional behavioral health claims for these services should be submitted through ProviderOne.

The HCA will determine payment on the following criteria:

1. Claims billed with Community Mental Health Center taxonomies 251S00000X or 261QM0801X are the responsibility of the managed care organization (MCO) and are denied by HCA with instructions to bill the MCO/BH-ASO.

- **Exception:** As stated in the HCA’s Mental Health Services Billing Guide: “FQHCs and Tribal Health Clinics must refer to respective program specific billing guides for direction on taxonomy billing requirements.”
2. The following billing taxonomies indicate behavioral health services and are the responsibility of the MCO/BH-ASO:
 - 261QR0405X
 - 261QM2800X
 - 324500000X
 - 3245S0500X
 - 261QM3000X
 - 2083P0901X
 - 261QM0850X
 - 320800000X
 - 323P00000X
 3. Psychiatric hospital taxonomy code 283Q00000X should be billed to the MCO/BH-ASO.
 4. CHPW denies claims billed with taxonomies other than those listed above. HCA considers other taxonomies to represent lower-acuity services and processes them as medical claims regardless of diagnosis. The HCA only looks at the billing taxonomy.
 5. The HCA only pays for services that are covered through fee-for-service. Services not covered under fee-for-service must be billed directly to the MCO, regardless of taxonomy.
 6. Please see the HCA [Mental Health Services Billing Guide](#) regarding appropriate billing and use of taxonomies.
 7. Any provider billing errors identified by the HCA will be escalated to the HCA’s Program Integrity staff for review.

All behavioral health services must be billed with the appropriate billing taxonomy, including but not necessarily limited to, those listed below.

- Community Mental Health Centers: 251S00000X or 261QM0801X
- Behavioral health agencies (billing provider):
 - 261QR0405X
 - 261QM2800X
 - 324500000X
 - 3245S0500X
- Substance use disorder (SUD) rehabilitation (rehab): 261QR0405X
- Methadone clinic/center: 261QM2800X
- SUD rehab facility: 324500000X
- Children’s SUD rehab facility: 3245S0500X

Rural Health Clinics (RHCs)

RHC services must be billed with the RHC taxonomy in order to receive the service-based enhancement (SBE). As specified in the HCA’s Rural Health Clinics Billing Guide:

How do I bill taxonomy codes for RHCs?

- Use billing taxonomy 261QR1300X at the claim level for encounter-eligible services.
- A servicing taxonomy is also required.
- If the client or the service does not qualify for an RHC encounter, RHCs may bill regularly as a non-RHC and should not include HCPCS T1015 on the claim.

Please refer to the HCA [Rural Health Clinics \(RHC\) Billing Guide](#) for more information.

Federally Qualified Health Centers (FQHCs)

As specified in the HCA's Federally Qualified Health Centers (FQHC) Billing Guide:

How do I bill taxonomy codes for FQHCs?

- Use billing taxonomy 261QF0400X at the claim level for encounter-eligible services.
- A servicing taxonomy is also required.

For additional claim submission requirements, see the "General Requirements" section of this bulletin or refer to the HCA [Federally Qualified Health Centers \(FQHC\) Billing Guide](#).

Applied Behavioral Analysis (ABA) Providers

Applied Behavioral Analysis (ABA) providers must use taxonomy number 103K00000X for billing ABA therapy services to ensure claims are paid appropriately. This is the only applicable, reimbursable taxonomy for ABA CPT codes. Providers must enter this taxonomy code in both the billing and the servicing taxonomy fields on the CMS-1500 (HCFA) claim form.

Please see the NUCC's [Health Care Provider Taxonomy Code Set](#) for more information.

Common Taxonomy-Related Claim Rejections

Claims may be rejected when:

- The billing taxonomy is missing.
- The rendering taxonomy is missing when required.
- An invalid taxonomy code is submitted.
- The taxonomy does not align with the provider type.
- The billing and rendering provider information is reported incorrectly.
- Required Tribal, RHC, FQHC, ABA, or Behavioral Health taxonomies are not used.

Additional Resources

- NUCC's [Health Care Provider Taxonomy Code Set](#)
- HCA [Billing Guides](#), including:
 - Federally Qualified Health Centers (FQHC) Billing Guide
 - Mental Health Services Billing Guide

- Rural Health Clinics (RHC) Billing Guide
- Substance Use Disorder Billing Guide
- Tribal Health Billing Guide

Questions?

If you have questions about the information in this bulletin, please contact EDI.Support@chpw.org.

If your inquiry involves a specific claim or rejection, please include the following information:

- Claim number
- Member ID
- Date of service
- Billed charges

Providing this information will help expedite research and resolution of clearinghouse rejections.

Claim Examples

Electronic Claim

In the individual provider electronic claim example below:

- PRV*BI segment = billing provider taxonomy
- NM1*85 segment = billing provider NPI
- REF*EI segment = billing provider Tax ID
- NM1*82 segment = rendering provider NPI
- PRV*PE segment = rendering provider taxonomy

Inbound Claim 837 Segments

```
ISA*00* 00* 01*030240928 *ZZ* 210416*0832*^00501*10775468*1*P*;  
GS*HC*AVAILITY* 20210416*0832*248511791*X*005010X222A1  
ST*837*1031*005010X222A1  
BHT*0019*00*27786212775*20210416*0832*CH  
NM1*41*2*AVAILITY LLC*****46*030240928  
PER*IC*AVAILITY CLIENT SERVICES*TE*8002824548*FX*9044702187  
NM1*40*2* *****46*CHPWA  
HL*51*20*1  
PRV*BI*PXC*363LA2200X ← PRV*BI segment: Billing provider taxonomy  
NM1*85*2* *****XX*12 ← NM1*85 segment: Billing provider NPI  
REF*EI*27 ← REF*EI: Billing provider tax ID  
PER*IC*BILLING SUPERVISOR*TE*8666624560  
HL*52*51*22*0  
SBR*P*18*****CI  
NM1*  
NM1*PR*2*CHPW-HOME*****PI*CHPWA  
CLM*4849849-2*.01**12:B:1*Y*A*Y*Y  
REF*D9*27786212786  
HI*ABK:M4050*ABF:M5030*ABF:M5134*ABF:M5137*ABF:N400*ABF:R2681*ABF:Z6828*ABF:Z7901*ABF:Z7984*ABF:Z79891*ABF:Z823*ABF:Z8249  
NM1*82*1* *****NP*XX*11 ← NM1*82 segment: Rendering provider NPI  
PRV*PE*PXC*363LF0000X ← PRV*PE segment: Rendering provider taxonomy  
LX*1  
SV1*HC:99499:::OTHER EVALUATION AND MANAGEMENT SERVICES*.01*UN*1***1:2:3:4  
DTP*472*RD8*20210318-20210318  
REF*6R*EP041521796648188-01
```

Paper Claim

In the individual provider paper claim example below:

- Box 24j upper = rendering provider taxonomy
- Box 24j lower = rendering provider NPI
- Box 25 = billing provider Tax ID
- Box 33a = billing provider NPI
- Box 33b is the billing provider taxonomy

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
From	To	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER	1	2	3	4			
03	18	21	03	18	21	12			99499		1	2	3	4	.01	1	11
Box 24j - upper: Rendering provider taxonomy Box 24j - lower: Rendering provider NPI																NPI	
																NPI	
																NPI	
																NPI	
Box 25: Billing provider tax ID																NPI	
																NPI	
25. FEDERAL TAX ID. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
27						☐ ☒				☒ YES ☐ NO		\$.01		\$ 0		0	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH #					
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)						Box 33a: Billing provider NPI						Box 33b: Billing provider taxonomy					
SIGNED						DATE						a. 12					