

Taxonomy Codes Required on Crossover Claims

UCare has been rejecting claims submitted directly to UCare that do not have taxonomy properly reported since March 1, 2017 (see [Provider Bulletin](#) and [Frequently Asked Questions](#) documents). Beginning **June 15, 2017**, UCare will begin rejecting claims that need to be coordinated with UCare coverage (e.g., COB, Medicare crossover claims) that do not report taxonomy. The taxonomy requirement on COB claims was previously communicated in the FAQs in Feb. 2017; however, UCare delayed the rejection edit to allow providers additional time to adhere to the taxonomy requirement on crossover claims.

When billing and rendering/attending NPI is included on a claim that may be coordinated with UCare coverage, the corresponding taxonomy must be included for UCare to process the claim. Claims that are coordinated with UCare coverage and do not have taxonomy reported, when applicable, will be rejected.

Rejected claims will be reported to providers by their clearinghouses on acknowledgement or 277CA reports. These reports indicate if a claim was accepted into or rejected from UCare's claim payment system. The report also indicates why a claim was rejected.

When a claim is rejected due to taxonomy not being properly reported, providers may see the rejection or error category of A6 (The claim/encounter is missing the information specified in the Status details and has been rejected) and error code 145 (Entity's specialty/taxonomy code) on the 277CA report from their clearinghouse. To avoid payment delays on these claims, add taxonomy to the claim and resubmit it to UCare.

Questions?

If you have further questions about how to properly submit taxonomy on professional and/or facility claims, please call your clearinghouse.