Provider Bulletin

March 31, 2021

REMINDER: Medicare Services Must Be Provided and Billed By Eligible Medicare Provider Types

Medicare claims submitted with a billing or rendering provider specialty/taxonomy not included on the Medicare Provider/Supplier crosswalk (Crosswalk Medicare Provider/Supplier to Healthcare Provider Taxonomy) will deny for invalid provider taxonomy (contractual obligation).

In late December, UCare made a change to its claim system that resulted in Medicare claims denying to patient responsibility when a non-covered service was submitted by providers with a billing or rendering provider specialty/taxonomy deemed as a non-eligible Medicare provider type. This change impacted claims submitted for UCare Medicare Plan members.

Claims were denying with the following CARC/RARC.

> **CARC 204**: This service/equipment/drug is not covered under the patient's current benefit plan.

> **RARC N130**: Consult plan benefit documents/guidelines for information about restrictions for this service.

UCare has updated its system, and impacted claims were adjusted and reprocessed during the week of March 15, 2021. Medicare claims submitted with a billing or rendering provider specialty/taxonomy not included on the Medicare Provider/Supplier crosswalk (Crosswalk Medicare Provider/Supplier to Healthcare Provider Taxonomy) will now deny for invalid provider taxonomy (contractual obligation), rather than a non-covered service (patient responsibility). The following CARC/RARC are identified on the remittance advice:

> **CARC 16**: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

> **RARC N288**: Missing/incomplete/invalid rendering provider taxonomy.

The Medicare crosswalk links the types of providers and suppliers who are eligible to apply for enrollment in the Medicare program and bill for covered services.

Further guidance is available in the UCare Provider Manual, Electronic Data Interchange Chapter and noted below:

The taxonomy code(s) submitted to UCare must be registered with the corresponding NPI in the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES), and must closely align with the services being provided. It is important that providers regularly verify and update their enumeration with CMS and NPPES. Please confirm the taxonomies linked to your NPPES and CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI.

Professional and facility claims received by UCare are required to submit taxonomy codes for billing and rendering or attending provider. When providers submit NPI(s) anywhere on a claim, the corresponding taxonomy must also be submitted. Provider types that are not required to submit NPI are not required to submit taxonomy on claims to UCare.

The rendering provider NPI and taxonomy should be reported when it is different than the billing provider NPI/taxonomy information. Providers may submit multiple rendering provider NPI and taxonomy at the line level on the CMS paper 1500 form, but rendering provider NPI and taxonomy can only be submitted at the claim level on the 837. NPI is always required when submitting taxonomy.

Additional information is available in the Taxonomy FAQ, found in the Taxonomy Code Requirements drawer on the Resources for Electronic Transactions webpage.