



This communication is in response to questions brought to our attention regarding claim submission requirements for iCare claims. In particular, we would like to provide regarding the submission requirements for taxonomy code reporting.

CMS 1500 claim forms: The taxonomy code is required in box 24J or 33B of CMS forms for all providers except SMV, blood bank, and personal care attendant and community care organization. Claims submitted electronically must include the prefix "PXC". For paper claims, either "ZZ" or blanks are acceptable in the prefix field (24J) for CMS 1500 claim forms.

UB claim forms: The taxonomy code is required in box 56 and box 81 A-D. Acceptable prefixes are B3 or a blank field, depending on your provider type.

Claims forms without taxonomy will be denied with reason: Missing/Incomplete/Invalid Taxonomy. Corrected claims should be clearly identified as corrected claims with taxonomy included.

This rule applies to Medicaid claims only. If your patient is a dual eligible member and the taxonomy code is not submitted on the Medicare primary claim, the Medicaid secondary claim will deny for the taxonomy code and require you to submit a corrected claim. You may want to submit taxonomy codes on the Medicare claims for these dual members even though Medicare does not require it.

If you have any questions regarding this information, please contact Customer Service at 1-414-231-1029 or 1-877-333-6820 or send an e-mail to providerservices@icare-wi.org