Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid CHIP, STAR and STAR Kids programs implemented the following edits for electronic and paper claims effective **November 1, 2016.** Additional edits will be activated effective **January 17, 2017.** As previously communicated, there is necessary information needed on Texas Medicaid claims (electronic and paper) in order to comply with the state's Medicaid data reporting requirements.

Providers may begin receiving "reject notices/returned paper claims" if the following information is missing or incorrect on electronic or paper claims:

BCBSTX Medicaid STAR/CHIP & STAR Kids Claim Requirements	Electronic Claims	CMS-1500 Claim Form	UB-04 Form Locator
Billing Provider Taxonomy Code – required on all claims	2000A, PRV03	Box 33b w/ ZZ qualifier preceding the taxonomy code	Box 81cc A w/ B3 qualifier
Rendering Provider Taxonomy Code – required on Professional claims when Rendering Provider information is submitted at the claim and/or service line level	2310B, PRV03 (claim level) 2420A, PRV03 (service line level)	Box 24J shaded area w/ ZZ qualifier in Box 24I	N/A
Attending Provider Taxonomy Code - required on Inpatient Institutional claims	2310A, PRV03	N/A	Box 76 w/ B3 qualifier

As a reminder, the taxonomy code submitted *must match* the one submitted and approved by the State Medicaid Agency for the submitted NPI / API. We are encountering significant claim rejects for missing or invalid taxonomy codes. Please confirm your taxonomy code with the state and resubmit any rejected claims.

The following edit will be effective **January 17, 2017** for *both electronic and paper claims*:

BCBSTX Medicaid STAR/CHIP & STAR Kids Claim Requirements	Electronic Claims	CMS-1500 Claim Form	UB-04 Form Locator
Atypical Providers – If NPI is not submitted, provider must submit their assigned API number	Billing Provider Secondary Identification Loop 2010BB, REF01 (G2 qualifier) 2010BB, REF02 (API Number)	Box 19 w/G2 qualifier followed by API Number	Box 57 w/G2 qualifier followed by API Number
Billing Provider NPI – required on all claims (excluding Atypical Providers)	2010AA, NM109	Box 33a	Box 56
Rendering Provider NPI – required on Professional claims when the Rendering Provider is different from the Billing Provider	2310B, NM109 (claim level) 2420A, NM109 (service line level)	Box 24J Unshaded area	N/A
Attending Provider NPI – required on Inpatient Institutional claims	2310A, NM109	N/A	Box 76
Billing Provider Address – required on all claims. Should contain the *physical*	2010AA, N301/N302	Box 33	Box 1

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address, not a PO Box or Lock Box			

Any electronic or paper claims rejected for the above reasons must be resubmitted with the necessary information.

If you have further questions regarding this notification, you may contact your Medicaid Account Representative.