

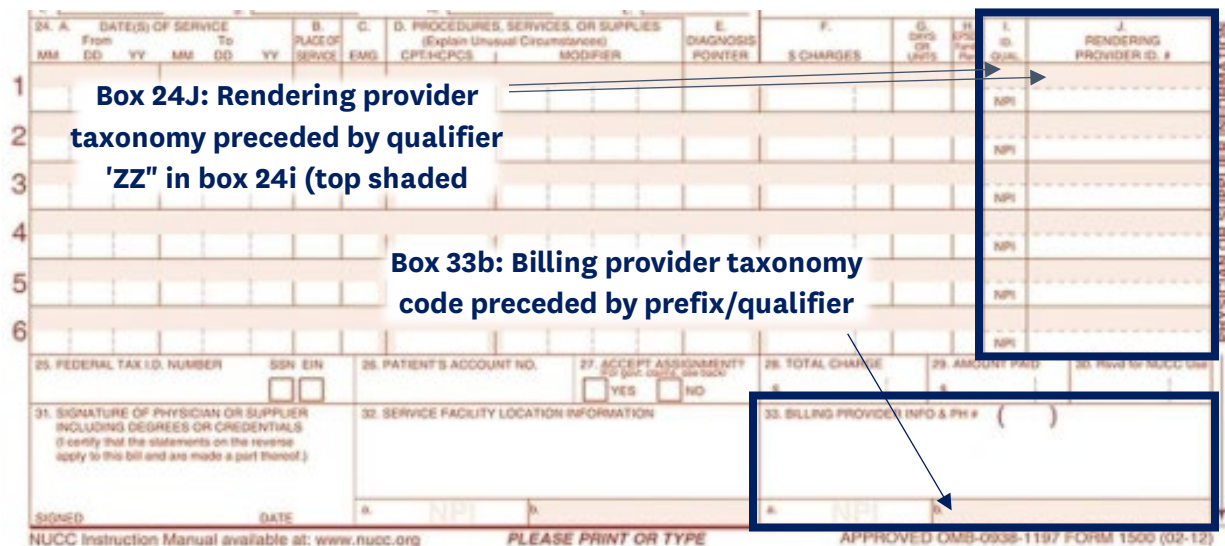


New Medicaid Billing and Rendering Provider Taxonomy Requirements (Effective 9/1/26)

7/21/2026

Effective September 1, 2026, all Medicaid claims must include taxonomy code(s) for both the *Billing Provider* and the *Rendering (Attending/Intuitonal) Provider*. Federal regulations already require this information on claim submissions. Recent updates on Absolute Total Care claim platforms now allow us to check claims against the requirement. Below are the fields where rendering and billing provider taxonomy information should be placed. Claims that are missing this information will be denied.

CMS-1500 Professional Claims - Paper



The image shows a CMS-1500 Professional Claims form with several key areas highlighted for taxonomy requirements:

- Box 24J: Rendering provider taxonomy preceded by qualifier 'ZZ' in box 24i (top shaded)** - This points to the top shaded area of the rendering provider information section.
- Box 33b: Billing provider taxonomy code preceded by prefix/qualifier** - This points to the billing provider information section.

The form includes fields for dates of service, place of service, procedures, diagnosis, charges, and provider information. It also includes a signature line for the physician or supplier.

Electronic Claims - 837P

Rendering Provider – Claim Level EDI HIPAA Version 5010, Loop 2310B:

- Segment: PRV
- Data Element: PRV01 = PE
- Data Element: PRV02 = PXC
- Data Element: PRV03 = Taxonomy Code

Rendering Provider – Line Level EDI HIPAA Version 5010, Loop 2420A:

- Segment: PRV
- Data Element: PRV01 = PE
- Data Element: PRV02 = PXC
- Data Element: PRV03 = Taxonomy Code

Billing Provider EDI HIPAA Version 5010, Loop 2000A:

- Segment: PRV
- Data Element: PRV01 = BI
- Data Element: PRV02 = PXC
- Data Element: PRV03 = Taxonomy Code

CMS-1450/UB-04 Institutional Claims - 837I

Below are the fields where rendering and billing provider taxonomy information should be placed.

58 INSURED'S NAME		59 REL	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NA			
66		67		68		69		70	
71 PROCEDURE DATE		72 OTHER PROCEDURE CODE		73 DATE		74		75	
76 ATTENDING		77 OPERATING		78 OTHER		79 OTHER		80	
LAST		LAST		LAST		LAST		LAST	
FIRST		FIRST		FIRST		FIRST		FIRST	
QUAL		QUAL		QUAL		QUAL		QUAL	
76		77		78		79		80	
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841		842		843		844		845	
846		847		848		849		850	
851		852		853		854		855	
856		857		858		859		860	
861		862		863		864		865	
866		867		868		869		870	
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941									

- EXEU – Billing Provider Taxonomy Required
- EX6B – Billing Provider Taxonomy is Missing/Incomplete/Invalid
- EX6Q – Rendering Provider Taxonomy is Missing/Incomplete/Invalid

Thank you for your continued participation and cooperation as we work together to support accurate claims processing and high-quality care for our members. If you have questions about these changes, please contact Provider Services at 1-866-433-6041 or reach out to your local Provider Engagement Account Manager.

Sincerely,

Absolute Total Care