



**Quick Reference Guide
Common Claim Reject Errors**

Ambetter from Magnolia Health would like to take this opportunity to thank you for participating in the Ambetter from Magnolia Health Provider Network. We have recently identified some trends related to claim submission. As a result, we are providing information that we hope will be helpful to you. If you have any questions regarding this information, please feel free to contact Provider Services at 1-877-687-1187.

Taxonomy Code Billing Requirement

Taxonomy numbers are a required for all Ambetter claims. Claims submitted without taxonomy numbers will be rejected with a Reject Code of 06.

The verbiage associated with Reject 06 is as follows: The provider identification, tax identification and/or taxonomy numbers are either missing or do not match the records on file. Please contact the Provider Relations department at x-xxx-xxx-xxxx to resolve this issue.

Below are three scenarios with Billing Requirements for each scenario.

**Scenario One: Rendering NPI is different than the Billing NPI
CMS 1500 Form**

Required Data	Paper CMS 1500	Electronic Submission	
		Loop ID	Segment/Data Element
Rendering NPI	<u>Unshaded</u> portion of box 24J	2310B	NM109
		2420A	NM109
Taxonomy Qualifier "ZZ"	<u>Shaded</u> portion of box 24 I	2310B	PRV02 REF01
		2420A	PRV02 REF01
Rendering Provider Taxonomy Number	<u>Shaded</u> portion of box 24J	2310B	PRV03 REF02
		2420A	PRV03 REF02
Group NPI	Box 33a	2010AA	NM109
Group Taxonomy utilizing the "ZZ" Qualifier	Box 33b	2000A	PRV03
		2010AA	REF01 REF02

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**Scenario Two: Rendering NPI and Billing NPI are the Same
CMS 1500 Form**

It is NOT necessary to submit the Rendering NPI and Rendering Taxonomy in this Scenario

Required Data	Paper CMS 1500	Electronic Submission	
Applicable NPI	Box 33a	2010AA	NM109
Applicable Taxonomy utilizing the "ZZ" Qualifier	Box 33b	2000A	PRV03
		2010AA	REF01 REF02

Below is an example of the fields relevant to Scenario One and Scenario Two above.

The image shows a sample of a CMS 1500 form. Several fields are highlighted with callouts:

- ZZ Qualifier:** Points to the 'I. ID. QUAL.' field in the 'PHYSICIAN OR SUPPLIER INFORMATION' section.
- Rendering Taxonomy:** Points to the 'J. RENDERING PROVIDER ID. #' field in the 'PHYSICIAN OR SUPPLIER INFORMATION' section.
- Rendering NPI:** Points to the 'I. ID. QUAL.' field in the 'PHYSICIAN OR SUPPLIER INFORMATION' section.
- Group NPI:** Points to the 'a. NPI' field in the 'BILLING PROVIDER INFO & PH #' section.
- Group Taxonomy with ZZ Qualifier:** Points to the 'b. NPI' field in the 'BILLING PROVIDER INFO & PH #' section.

Scenario Three: Taxonomy Requirement for UB 04 Forms

Required Data	Paper UB 04	Electronic Submission
Taxonomy Code with B3 Qualifier	Box 81 CC	Billing Level 2000A Loop and PRVR segment

Below is an example of the UB 04 form

The image shows a sample of a UB 04 form. Two fields are highlighted with callouts:

- B3 Qualifier:** Points to the 'B3' code in the 'REMARKS' section.
- Taxonomy:** Points to the 'B3' code in the 'REMARKS' section.

CLIA Number Billing Requirement

For CMS 1500 submitters, a valid and appropriate CLIA number must be present on submitted Claims. Claims without valid and appropriate CLIA numbers will be rejected with a Reject Code of B5.

The verbiage associated with Reject B5 is as follows: Missing/incomplete/invalid CLIA certification number.

Required Data	Paper CMS 1500 Form	Electronic Submission
CLIA Certification or CLIA Waiver number	Box 23	<p>Single Claim for laboratory services for which CLIA certification or waiver is required: X12N 837 (HIPAA version) loop 2300, REF02. REF01=X4</p> <p>Claim submitted with both laboratory services for which CLIA certification or waiver is required and non-CLIA covered laboratory tests: In the appropriate line: X12N 837 (HIPAA version) loop 2400, REF02. REF01=X4</p>

Below is an example of the placement of the CLIA number.

