Carolina Complete Health Provider Guide

Medicaid Provider NPI and Taxonomy Enrollment; Resubmission of Previously Denied Claims

In alignment with NCDHHS, Carolina Complete Health (CCH) recommends that Providers complete their enrollment with NCTracks prior to the claim submission as it will impact claim processing, and risk claim denial if enrollment is not complete. CCH Providers may correct and resubmit previously denied claims within time filing limitations. Please reference billing manual and guides for requirements involving replacement or void/ cancellation requests of prior claims.

Taxonomy Placement on Claims:

CMS 1500 Paper Submission

- Rendering – Box 24i should contain the qualifier "ZZ." Box 24j (shaded area) should contain the taxonomy code
- Billing – Box 33b should contain the qualifier "ZZ" along with the taxonomy code.
- Referring – If a referring provider is indicated in Box 17 on the claim, Box 17a should contain the qualifier of "ZZ" along with the taxonomy code in the next column

837 Professional Electronic Submission

- Billing –Loop 2000A PRV01="BI" PRV02 = "PXC" qualifier PRV03 = 10 character taxonomy.
- Rendering – Loop 2310B PRV01="PE" PRV02 = "PXC" qualifier PRV03 = 10 character taxonomy code002E
- Please note that "PXC" is the correct qualifier and that there is no taxonomy number needed for referring physician.

UB-04 Paper Submission

- Billing – Box 81CCa should contain the qualifier of "B3" in the left column and the taxonomy code in the middle column.

837I Electronic Submission

- Billing - Loop 2000A PRV01 = "BI" PRV02 = "PXC" qualifier; PRV03 = 10 character taxonomy code

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Submitting Replacement and Void/Cancelled Claims:

1500 HCFA Form Type: Replacement and Void/Cancel of Prior claims is identified by the resubmission code and original reference number in Field 22.

- List the original reference number for resubmitted claims in the right-hand side of the field. Please refer to the most current instructions for use of this field.
- When resubmitting a claim, enter the appropriate bill frequency code in the left-hand side of the field
  - 7 – Replacement of prior claim
  - 8 – Void/cancel of prior claim

1450 UB Form Type: Replacement and Void/Cancel of Prior claims is identified by type of bill in Field 4.

- XX7 Replacement of Prior Claim
  - This TOB code is used when a specific claim needs to be restated in its entirety, except for the identifying information.
  - The original bill is considered null and void, and the information on this bill completely replaces the previous claim.
- 0XX8 Void/Cancel of a Prior Claim
  - This code indicates that this claim eliminates and cancels a previously submitted claim.
  - Use this code to indicate that this bill is an exact duplicate of an incorrect bill, previously submitted. A code 0XX7 claim must be submitted to show the corrected information.

Where can I find more details?

Billing Instructions, including instructions for adjustments/voids, can be found online by visiting: network.carolinacompletehealth.com/claims.

- Billing Manual
- Provider Guide: Provider Enrollment and Data
- Claims Submission Reminder Guide
- NCDHHS Bulletin: Taxonomy Enrollment Requirement Reminders for Claim Payment
- Timely Filing Guide

Support

We are committed to working with impacted providers to resolve any concerns with these requirements. Please contact Provider Network Support at NetworkRelations@cch-network.com or call Provider Services at 1-833-552-3876.

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