

Additional Information Regarding Medicare Crossover Claims to Medicaid/NCTracks

Many medical practices have experienced claims denials from Medicaid that involve patients with both Medicare and Medicaid coverage. The unsuccessful “crossover” from Medicare to Medicaid typically relates to taxonomy codes. Medicaid is strictly applying taxonomy rules to all claims, whether Medicaid is the primary, secondary, or tertiary payer. This means that taxonomy codes must also be included when submitting a claim to Medicare (or another payer) that offers primary coverage, even though that information may have never been included to Medicare previously. NCMS can offer the following additional information.

Background: Medicare & Taxonomy

Centers for Medicare and Medicaid Services (CMS) does not require medical practices to include taxonomy codes on claims filed to the Medicare program. It is optional. But if our Medicare Administrative Contractor (MAC) Palmetto GBA receives a claim containing one or more taxonomy codes, Palmetto’s system will check two things:

- 1) To ensure that the code is in fact a valid taxonomy code. Palmetto’s system does not check the code against the physician’s, PA’s, or group’s file, nor against any other source of information. It does not determine whether it’s the best taxonomy code, or even the correct taxonomy code for the group or individual. The system is checking to ensure that the taxonomy code you submit is, in fact, a taxonomy code.
- 2) To see if the taxonomy code they are enrolled under with Medicaid is linked to an end-dated Provider Transaction Access Number (PTAN), which refers to when the enrollment for a particular PTAN has ended. For example, when a provider changes specialties, that PTAN is end-dated and a new one is started with the new specialty. Although there are many reasons for a change in PTAN, this is the one relevant to this situation.

Palmetto’s system will only deny for taxonomy if there is information in the taxonomy field that is not a taxonomy code OR if the taxonomy code the provider is enrolled under with Medicaid is linked to an end-dated PTAN.

There are no other taxonomy-related edits in Palmetto’s system. A Medicare claim with valid taxonomy codes that are not linked to an end-dated PTAN will adjudicate in the same manner as a Medicare claim with no taxonomy codes.

Pointers

- Since Medicare has never required taxonomy codes, practice management systems and billing companies routinely and automatically “scrub” this information out of the claim prior to submission. So there’s a good chance that even though you thought you submitted the taxonomy code to Medicare, your billing company or software may have removed it. If the information never got to Medicare, then it never crossed over to Medicaid, either. **Call your billing company or software vendor and ask them to ensure that taxonomy codes are not being removed automatically from your Medicare claims.**
- You do not have to make any changes to your Medicare provider enrollment files or status in order to send taxonomy codes on your claims to Palmetto/Medicare.

- Ensure that you are using the same taxonomy codes on your Medicare claims that you are using to submit claims directly to Medicaid.
- To avoid these issues, make sure your Medicaid enrollment matches your Medicare enrollment.
- If Medicaid does not accept enrollment under your specialty and denies the claim, you will need to submit directly to Medicaid as a secondary or tertiary claim.
- If you receive taxonomy-related denials where Medicaid is secondary, you can resubmit those directly to Medicaid through the NC Tracks portal [here](#). You may need to login to get the information you need. Do not resubmit to Medicare.