

District of Columbia Medicaid: Taxonomy codes and NPI number required for billing

Quick reference guide

The District of Columbia requires all health care professionals who serve Medicaid enrollees to include provider **taxonomy codes** and a National Provider Identifier (NPI) number for billing. If appropriate, taxonomy codes for supervising, ordering and prescribing providers must be included for claims to be considered. See explanations of these terms on the following page.

To avoid denied and rejected claims, the provider identifier entered on the claim for UnitedHealthcare Community Plan members must match the current care provider enrollment information on file with the District of Columbia. We validate taxonomy codes and NPI numbers against the National Plan and Provider Enumeration System (NPPES) developed by CMS.



How to enter provider data

Use one of the following methods to submit professional and institutional claims:

- Electronic – Use 5010A1 electronic data interchange (EDI)
 - Enter the taxonomy code in the PXC segment for rendering providers in loops 2000A, segment PRV03. Do not include spaces or hyphens.
 - Add the appropriate qualifier at the beginning of the taxonomy code. The qualifier identifies the provider type, services offered, claim type and submission method.
 - Enter the NPI number
 - Enter the address for the practice associated with the taxonomy code(s) and NPI number
- Paper – Use CMS-1500 form
 - Enter the taxonomy code in block 33b. Do not include spaces or hyphens.
 - Enter qualifier ZZ in the box to the left. The qualifier identifies the provider type, services offered, claim type and submission method.
 - Enter the NPI number
 - Enter the address for the practice associated with the taxonomy code(s) and NPI number

| Taxonomy billing | | | |
|------------------|------------|----------------|----------------|
| CMS billing form | | Provider type | |
| | | Billing | |
| CMS 1500 | Paper | Block 33b | |
| | Electronic | Loop | Segment |
| | | 2000A | |
| CMS 1450 (UB-04) | Paper | Blocks 81A-81D | |
| | Electronic | Loop | Segment |
| | | 2000A | |



Identifying billing vs. rendering providers

- Billing provider – The entity or organization, such as a hospital, clinic or third-party billing service, or an individual owner of a practice responsible for submitting claims to the health insurance carrier
- Rendering provider – The health care professional, such as a physician, nurse or therapist, who delivers direct patient care



Explaining taxonomy codes and NPI numbers

- Taxonomy code – A unique 10-character code that designates the classification and specialization of the billing and rendering providers. Taxonomy codes are associated with NPIs. Rendering providers must identify in the claim the relevant taxonomy code for the services provided.
- National Provider Identifier (NPI) – A unique 10-digit number assigned to an individual health care professional or a group of providers. The individual NPI identifies the specific health care professional who rendered services to patients. The group NPI identifies a health care organization, such as a hospital, clinic or group practice. NPIs are linked to the taxonomy code specific to the health care professional or organization.



Sources

- To learn more about claim submissions, view our [interactive guide](#)
- Review our [2026 Care Provider Manual](#) for information on completing the CMS 1500 claim form
- Go to the District of Columbia Department of Health Care Finance [MMIS Provider Billing Manual](#), page 68, for Medicaid billing requirements



Questions? We're here to help.

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