

**STATE TAXONOMY CODE MAPPING UPDATES
RESULT IN CO 96/N95 DENIALS**

The California Department of Health Care Services (DHCS) updated the mapping for taxonomy codes **172V**, **101YA**, and **171M** in the Short-Doyle/Medi-Cal (SD/MC) claims adjudication system. The mapping changes are effective for dates of service January 1, 2025, forward. Below is a summary of the mapping changes.

| Taxonomy prefix | Value through 12/31/2024 | Value on/after 1/1/2025 |
|-----------------|---|--------------------------|
| 172V | Other Qualified Practitioner | Community Health Workers |
| 171M | Mental Health Rehabilitation Specialist | Certified AOD Counselor |
| 101YA | MFT/LPCC (Licensed, Waivered or Registered) | Certified AOD Counselor |

Claims for providers using one of the remapped taxonomies for dates of service after January 1, 2025, might have been denied with one or more of the following denial reason codes:

- **CO 96/N95:** Short-Doyle denied this service because the rendering provider's taxonomy code shown on the claim indicated a provider type that was not eligible to perform this outpatient service.
- **CO 96/N54:** Short-Doyle denied this service because there was no rate for the procedure and/or modifier combination claimed.
- **CO 208/N297:** Short-Doyle denied this service because the service was provided by a clinical trainee or a Community Health Worker, and the supervisor's National Provider Identifier (NPI) was not present on the claim.

Providers must submit replacements to correct these denials. Prior to submitting the replacement claims, please ensure updates/corrections to taxonomies have been made in the Network Adequacy: Provider and Practitioner Administration (NAPPA) application per guidance from the Quality Assurance (QA) Unit. Guidance from the QA Unit can be found at the following link:

https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=12835.

Any other issues that may have contributed to the denial (e.g., procedure code is not within the scope of practice of the practitioner's discipline) must be corrected prior to submitting the replacement as well.

The Department of Health Care Services (DHCS) identified claims denied for the reasons above and provided a list of claims that could have been impacted by the mapping update. The DHCS-identified list of claims was placed in each agency's Electronic File Transfer (EFT) folder. The file is named "v_Replacement_N95_Mapping_denial_060625". As of this Bulletin's distribution date, replacements for these denials would not be considered late and should not require a Delay Reason Code. Do not open a HEAT ticket to submit these replacements. Instead, ensure that the replacements are within 15 months of the month of service and replace the claim(s).