G2 and PXC Qualifier Submission on Paper Claims

The use of G2 and PXC qualifiers was implemented in December 2015 for paper claims.

The correct qualifier must be in field 32b on a paper claim to identify the type of ID that is being submitted (KMAP ID or taxonomy code). The qualifiers are needed in addition to the National Provider Identifier (NPI) to correctly identify the KMAP provider.

The purpose of qualifier G2 being utilized in field 32b is to indicate that the ID is a non-NPI number. The G2 qualifier on a paper claim (field 32b) should only be used to identify atypical providers who have not obtained a NPI and are submitting with a non-NPI number.

- Qualifier G2 – Provider Commercial Number

The purpose of qualifier PXC being utilized in field 32b on a professional claim form is to identify the ID being submitted is a taxonomy code.

- Qualifier PXC – Provider Taxonomy

The G2 qualifier replaced program-specific codes, such as 1C (Medicare), to designate a proprietary identifier in all Secondary Identification provider segments. The PXC qualifier replaced the generic value of ZZ (Mutually Defined) to designate the Health Care Provider Taxonomy Code.

The G2 qualifier should only be used for atypical providers who have not obtained an NPI.

The paper claim instructions and Companion Guides were updated with the information below during the same time period. Reference the Claims (Sample Forms and Instructions) section of the Forms page on the KMAP website for detailed information on completing the 1500 Claim Form and UB-04 claim form.
G2 and PXC Qualifier Submission on Paper Claims continued

1500 Claim Form:
- Field 17a: **ID NUMBER OF REFERRING PHYSICIAN**
  - Enter qualifier G2 (Provider Commercial Number) and the 10-digit KMAP provider ID of the referring or ordering physician.

- Field 24i: **ID QUALIFIER**
  - Enter one of the following:
    - Qualifier G2 if billing with a KMAP provider ID of the rendering provider in the top half of Field 24J.

- Field 24i: **ID QUALIFIER (continued)**
  - Qualifier PXC if billing with a taxonomy code of the rendering provider in the top half of Field 24J.

- Field 32b: **OTHER ID NUMBER – SERVICE FACILITY**
  - Enter one of the following:
    - Qualifier G2 and the 10-digit KMAP provider ID
    - Qualifier PXC and a taxonomy code

- Field 33b: **KMAP PROVIDER ID OR TAXONOMY CODE**
  - Enter one of the following:
    - Qualifier G2 and the 10-digit KMAP provider ID
    - Qualifier PXC and a taxonomy code

UB-04:
- Field 76: **ATTENDING**
  - QUAL – Enter one of the following in the space to the right of QUAL:
    - Qualifier G2 and the 10-digit KMAP provider ID
    - Qualifier PXC and a taxonomy code

- Field 77: **OPERATING**
  - QUAL – Enter one of the following in the space to the right of QUAL:
    - Qualifier G2 and the 10-digit KMAP provider ID
    - Qualifier PXC and a taxonomy code

- Field 78-79: **OTHER**
G2 and PXC Qualifier Submission on Paper Claims continued

- Field 78-79: OTHER
  - QUAL – Enter one of the following in the space to the right of QUAL:
    - Qualifier G2 and the 10-digit KMAP provider ID
    - Qualifier PXC and a taxonomy code

Note: The effective date of the policy is December, 2015. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.