Claim billing guidance — G2 qualifier

Background: Healthy Blue requires providers to submit claims in accordance with their Nebraska Medicaid enrollment profile. Common provider data validations include NPI, billing taxonomy, office address (including ZIP+4), group affiliation, and corresponding enrollment effective dates.

Providers should be aware that Healthy Blue has observed claim rejections in instances in which provider billing does not match a single corresponding or valid Nebraska Medicaid provider record. Impacted providers are encouraged to include taxonomy on all claims being transmitted to Healthy Blue to avoid rejections. Should providers not wish to include billing taxonomy, or are unclear what data element is driving the related rejection, providers are encouraged to also include their unique Nebraska Medicaid ID for the billing entity and corresponding G2 qualifier on the transmitted claim. Including the billing entity's unique Nebraska Medicaid ID will assist the claims system in identifying the correct provider record and pass this front-end edit.

Below is guidance on where the billing entity's unique Nebraska Medicaid ID can be entered:
Electronic claims:
- Professional/1500: Loop 2010BB, segment REF02 with G2 qualifier in REF01
- Institutional/UB: Loop 2010BB, segment REF02 with G2 qualifier in REF01

Paper claims:
- Professional/1500: Box 33b (Please include G2 qualifier.)
- Institutional/UB: Box 57a (Please include G2 qualifier.)

As a valued provider, we truly appreciate your participation in the Healthy Blue network. We look forward to our ongoing partnership to provide high-quality, cost-effective healthcare to the communities we serve.

What if I need assistance?
If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **833-388-1406**, Monday to Friday from 7 a.m. to 8 p.m. CT.

https://provider.healthybluene.com