

Frequently Asked Questions: Taxonomy Code Requirements

Below are responses to the frequently asked questions Aspirus Health Plan has received:

1. Is taxonomy required for atypical providers who do not have NPI numbers?

No. The corresponding taxonomy code must be reported on a claim whenever an NPI is submitted. Provider types, like transportation, interpreters and personal care assistants (PCA), that are not required to have or are not assigned NPI are not required to submit taxonomy on claims to Aspirus Health Plan.

2. Is the physician or rendering taxonomy code required in addition to the facility/billing taxonomy code? Yes, taxonomy for the billing and rendering or attending provider must be submitted when the billing and rendering NPI are submitted. Anytime an NPI is submitted on a 1500 or UB04 claim form, the corresponding taxonomy must be submitted on the claim.

3. Why does Aspirus Health Plan require taxonomy codes to be submitted on claims?

Aspirus Health Plan is leveraging taxonomy information to identify when and how to apply specific payment calculations. For example, taxonomy informs Aspirus Health Plan when mid-level reductions should be applied for Medicare professional services. It also indicates when specialty and primary care cost share amounts should be applied for Medicare professional services. When taxonomy is supplied on the claim, it ensures that Aspirus Health Plan is accurately paying providers and applying member cost share.

4. How do I know which taxonomy codes I can use with my NPI?

Providers can verify the primary and other taxonomy codes that are registered for their NPI(s) on the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) [website](#). Providers should confirm the taxonomies linked to their CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI.

5. How will I know if my claim is rejecting because taxonomy is not appropriately reported on the claim?

When a claim is rejected due to taxonomy not being properly reported, providers may see the rejection or error category of A6 (The claim/encounter is missing the information specified in the Status details and has been rejected) and error code 145 (Entity's specialty/taxonomy code) on the 277CA report from their clearinghouse. To avoid payment delays on these claims, add taxonomy to the claim and resubmit it to Aspirus Health Plan.

Providers should contact the clearinghouse they use to submit electronic claims regarding questions about 277CA reports.

6. Where should taxonomy codes be reported on the claim form?

Please refer to the [National Uniform Claim Committee](#) (NUCC) and [National Uniform Billing Committee](#) (NUBC) for guidance on where taxonomy should be reported on paper and electronic claims.

Below is a quick reference for where taxonomy is reported on a 1500 and UB04 paper and electronic claim forms.

Taxonomy Type	Paper Claim Box	837P Loop (CMS1500) Professional	837I Loop (UB04) Institutional	EDI Segment <i>(all three segments are to be used for each loop that a taxonomy will be provided)</i>	PRV Codes
Billing Provider	CMS-1500 Box: 33B UB04 Box: 81	2000A: Billing Provider Specialty Information	2000A: Billing Provider Specialty Information	PRV01: Provider Code <i>(Input one of the two-letter codes listed to the right)</i> PRV02: Reference Identification Qualifier <i>(Input the PRV02 code listed to the right)</i> PRV03: Provider Taxonomy Code <i>(Input the provider's taxonomy number here)</i> Example: PRV*BI*PXC*207N00000X~	PRV01 Codes: AT = Attending Provider BI = Billing Provider PE = Performing (Rendering) Provider PRV02 Code: PXC = Health Care Provider Taxonomy Code PRV03 Code: Taxonomy Number
Rendering Provider	*CMS-1500 Box: 24J	2310B: Rendering Provider Specialty Information			
Attending Provider			2310A: Attending Provider Specialty Information		

7. Do other payers require taxonomy on their claims?

While it may not be required by other payers, many payers use taxonomy to adjudicate claims. Aspirus Health Plan will require taxonomy to determine reimbursement. In order to increase the accuracy and timeliness of payments, we are requiring taxonomy to be submitted before adjudicating the claim.

8. Does taxonomy need to be included on claims that need to be coordinated with other insurance (e.g. Medicare crossover claims)?

Yes. When billing and rendering/attending NPI is included on a claim that may be coordinated with Aspirus Health Plan coverage, the corresponding taxonomy must be included for Aspirus Health Plan to process the claim. Claims that are coordinated with Aspirus Health Plan coverage and do not have taxonomy reported, when applicable, will be rejected.

9. Have clearinghouses been notified about Aspirus Health Plan's taxonomy requirements?

Yes. Change Healthcare, Aspirus Health Plan's primary clearinghouse.

10. Do we need to proactively provide Aspirus Health Plan with taxonomy codes for all our locations?

No. Aspirus Health Plan is not currently requiring taxonomy information on provider enrollment forms. The taxonomy will only be required at the claim level when professional and facility claims are submitted to Aspirus Health Plan. The taxonomy codes must match with the ones that are registered for their NPI(s) on the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) [website](#).

11. Does Aspirus Health Plan want NPI and taxonomy at both the CLAIM rendering and LINE rendering for professional claims (837P and CMS 1500)?

The rendering provider NPI and taxonomy should be reported when it is different than the billing provider NPI/taxonomy information. Providers may submit multiple rendering provider NPI and taxonomy at the line level on the CMS 1500 form but rendering provider NPI and taxonomy can only be submitted at the claim level on the 837. NPI is always required when submitting taxonomy on claim or line level. For more information see the 1500 and UB04 Claims Instruction Manual at www.nucc.org and www.nubc.org.

Questions?

If you have further questions, please call Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or 1-855-931-4851 toll free.