

## Update on Taxonomy Code Requirements

Last December, UCare issued a [Provider Bulletin](#) requiring taxonomy codes to be reported on all professional and facility claims beginning Jan. 1, 2016. We also shared answers to [Frequently Asked Questions](#) in a follow-up bulletin.

This communication is to remind UCare providers of this requirement and to update you on the changes we are making to inform providers when taxonomy is not properly submitted to UCare.

### Update

Professional and facility claims received by UCare on or after **March 1, 2017**, will begin to reject when billing and rendering or attending taxonomy is not properly reported. When providers submit NPI(s) anywhere on a claim, the corresponding taxonomy must also be submitted. Provider types that are not required to submit NPI are not required to submit taxonomy on claims to UCare.

The taxonomy code(s) submitted must be registered with the corresponding NPI in the Centers for Medicare and Medicaid Services (CMS) [National Plan and Provider Enumeration System](#) (NPPES), and it must closely align with the services being provided. It is important that providers regularly verify and update their enumeration with CMS. Please confirm the taxonomies linked to your CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI.

Rejected claims will be reported to providers by their clearinghouses on acknowledgement or 277CA reports. These reports indicate if a claim was accepted into or rejected from UCare's claim payment system. The report also indicates why a claim was rejected.

When a claim is rejected due to taxonomy not being properly reported, a provider 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). To avoid payment delays on these claims, add taxonomy to the claim and resubmit it to UCare.

### Background

The Healthcare Provider Taxonomy Code Set (HPTC) available [here](#) is maintained by the [National Uniform Claim Committee](#) (NUCC). It is a hierarchical code set consisting of codes, code descriptions and definitions. This code set is designed to categorize the type, classification and specialization of health care providers. The HPTC includes two sections:

1. Individuals and Groups of Individuals (e.g., provider groups, physicians defined by specialty, Behavioral Health and Social Service Providers, Pharmacy Providers, Physician Assistant and Advance Practice Providers)
2. Non-Individuals (e.g., Agencies, Ambulatory Health Care Facilities, Hospitals, Nursing and Custodial Care Facilities)

NUCC makes regular updates to the taxonomy code set. CMS published a [MLN Matters](#) (MM9659) in October 2016 regarding updates to HPTC.

The following categories of taxonomy are required when the corresponding NPI is submitted on claims to UCare:

- For professional claims (submitted via 837P or CMS 1500) – billing and rendering taxonomy.
- For institutional/facility claims (submitted via 837I) – billing and attending taxonomy.

Remember when NPI(s) are submitted on the claim, the corresponding taxonomy is required.

Please refer to the NUCC for guidance on where taxonomy should be reported on paper and electronic claims. Below is more detail on where taxonomy should be reported on paper and EDI claims.

<b>Taxonomy Type</b>	<b>Paper Claim Box</b>	<b>837P Loop (CMS1500) Professional</b>	<b>837I Loop (UB04) Institutional</b>	<b>EDI Segment</b> <i>(all three segments are to be used for each loop that a taxonomy will be provided)</i>	<b>PRV Codes</b>
Billing Provider	CMS-1500 Box: <b>33B</b>  UB04 Box: <b>81</b>	<b>2000A</b> – Billing Provider Specialty Information	<b>2000A</b> – Billing Provider Specialty Information	<b>PRV01</b> Provider Code <i>(Input one of the two-letter codes listed to the right)</i>  <b>PRV02</b> Reference Identification Qualifier <i>(Input the PRV02 code listed to the right)</i>	<b>PRV01 Codes:</b> <ul style="list-style-type: none"> <li>• AT = Attending Provider</li> <li>• BI = Billing Provider</li> <li>• PE = Performing <i>(Rendering)</i> Provider</li> </ul> <b>PRV02 Code:</b> <ul style="list-style-type: none"> <li>• PXC = Health Care Provider Taxonomy Code</li> </ul> <b>PRV03 Code:</b> <ul style="list-style-type: none"> <li>• Taxonomy Number</li> </ul>
Rendering Provider	*CMS -1500 Box: <b>24J</b>	<b>2310B</b> – Rendering Provider Specialty Information		<b>PRV03</b> Provider Taxonomy Code <i>(Input the provider's taxonomy number here)</i>	
Attending Provider			<b>2310A</b> – Attending Provider Specialty Information	<b>Example:</b> <b>PRV*BI*PXC*207N00000X~</b>	

\*The Jan. 6, 2017, version of this bulletin had "24I" here in error.

For additional background, please review the UCare Provider Bulletins linked above.

### Questions?

If you have further questions about how to properly submit taxonomy on professional and/or facility claims, please call your clearinghouse.