

Provider Bulletin



News and Information

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REVISED: Important Reminders About UCare's Taxonomy Requirements

UCare relies on provider-submitted taxonomy for accurate and timely claims processing. As UCare moves to our [new claims system](#), it is important to remind providers of several of the key taxonomy requirements to support claims processing.

Whenever an NPI is submitted (billing or rendering), taxonomy must also be submitted. This requirement has been in place since 2016. Beginning March 1, 2017, claims that do not have taxonomy submitted when using an NPI reject.

For services that require rendering NPI and taxonomy, do not submit billing NPIs and taxonomy in the rendering fields. There are many services that require an individual practitioner to render the service. In these instances, the NPI and taxonomy should reflect this practitioner delivering the services and not the billing entity (often a facility). These claims will either deny or pend and ultimately be denied for invalid taxonomy.

Beginning with dates of service (DOS) January 1, 2022, and beyond, all Non-Emergency Medical Transportation (NEMT) providers will be required to submit billing taxonomy. With the change to our new claims system, UCare needs an industry standard method of identifying NEMT providers who are providing both Common Carrier (CC) and Specialized Transportation Services (STS) under a common identifier (NPI or UMPI) to have their services accurately priced. Letters were sent to all NEMT providers in November alerting them to this and other changes. The billing taxonomy codes UCare is expecting to see are: Common Carrier (CC) services with 344600000X and Special Transportation Services (STS) with 343900000X. This applies to both NPI and UMPI providers. Payment could be impacted with failure to submit the appropriate billing taxonomy for the services rendered.

If you are a durable medical equipment (DME) POS supplier billing DME services without a registered taxonomy for DME, the claims editing system will deny the service line. DME claims that are currently processing on our new platform see this issue frequently. When providers submit DME claims without DME taxonomy, it will deny as inappropriate for provider type.

Review your taxonomy submissions and make sure they reflect your actual locations and/or services. In the new claims system, taxonomy is used to drive many processes. We have several billing entities that are not submitting taxonomy aligned with their NPES registered taxonomy (i.e., there are entities that are billing the Community Mental Health Center (CMHC) taxonomy of 261QM0801X that are not CMHCs, and many CMHCs that are billing other taxonomy codes and not the expected 261QM0801X). Failure to submit appropriate taxonomy could lead to denials, inaccurate payment and potential recoupment as we work through reports and encounter errors.

As an industry standard, taxonomy will be the method by which UCare classifies providers for purposes of pricing (e.g., fee schedules, Optum pricers, legislative increases/reductions, etc.), assigning MinnesotaCare tax payments, and for various reporting functions. Please take time to review system configurations and business processes to ensure claims submitted to UCare have the appropriate taxonomy.