Taxonomy Code Requirements

Taxonomy codes are required on all professional and facility claims submitted to Aspirus Health Plan.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires covered entities to use the standards outlined under this law when electronically transmitting certain health care transactions, including health care claims. The standards as outlined include implementation guides which mandates when and how data must be sent, including the specific code set(s) that must be used.

Both the current Accredited Standards Committee (ASC) X-12 837 institutional and professional Technical Report Type 3 (TR3s) require that the National Uniform Claim Committee (NUCC) HPTC set be used to identify provider specialty information on a health care claim.

The National Uniform Claim Committee (NUCC) maintains the HPTC code set for standardized classification of health care providers. The HPTC code set is updated twice a year on April 1st and October 1st. Specialty and/or Provider Types issued by any other entity other than the NUCC are not valid. The HPTC code set is available from the [Washington Publishing Company (WPC)](#).

Healthcare Provider Taxonomy Code Set (HPTC)

The HPTC 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:
- 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)
- Non-Individuals (e.g., Agencies, Ambulatory Health Care Facilities, Hospitals, Nursing and Custodial Care Facilities.

Billing Information

When providers apply for a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES), providers must select the HPTC or code description that the provider determines most closely describes their type/classification/specialization, and report that code or description in the NPI application.

Although a provider may select more than one HPTC or code description when applying for an NPI, they must designate one of the HPTC or code description as primary.

A provider can have more than one taxonomy code; it is important to use the specific taxonomy code representing the specialty when filing claims. Claims submitted without taxonomy codes will be denied.

Additional Resources:

[MM9260 Healthcare Provider Taxonomy Codes (HPTCs) October 2015 Code Set Update](#)
[CMS Medicare Provider Supplier Enrollment Taxonomy](#)

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.