

TAXONOMY CODES

BACKGROUND

Taxonomy codes are administrative codes set for identifying the provider type and area of specialization for health care providers. Each taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level. Taxonomy codes are assigned at both the individual provider and organizational provider level. These codes are self-reported, both by registering with the National Plan and Provider Enumeration System (NPPES) and by electronic and paper claims submission.

Taxonomy Codes registered with NPPES at the time of NPI application are reflected on the confirmation notice document received from NPPES with the provider's assigned NPI number. Current taxonomy codes registered, including any subsequent changes, may be obtained on an inquiry basis by visiting the NPI Registry Website at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

A provider can have more than one taxonomy code. It is critical to register all applicable taxonomy codes with NPPES and to use the correct taxonomy code to represent the specific specialty when filing claims. This will assist in more accurate and timely processing of claims.

ACTION

Effective **May 1, 2020**, Community Health Choice (Community) will require that claims for **all** Members include the correct taxonomy codes. This includes Medicaid, CHIP/CHIP Perinate, Marketplace, and Medicare lines of business.

- Claims submitted without the correct taxonomy codes and NPI numbers will be denied.
- The taxonomy code and NPI number for both the rendering and the billing provider must match the appropriate combination.
- The rendering provider is the person providing the care. For institutional claims, this includes the attending physician.
- The billing provider is the practice submitting the bill. When the billing provider identifier is a group practice, the claim must include the performing provider identifier for the physician who performed the service.
- Group billing providers are not required to submit the taxonomy code on electronic claims – but they can include the taxonomy code to assist with the NPI crosswalk for claims processing.

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 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>	<p>PRV01 Codes:</p> <ul style="list-style-type: none"> • AT = Attending Provider • BI = Billing Provider • PE = Performing (Rendering) Provider <p>PRV02 Code:</p> <ul style="list-style-type: none"> • PXC = Health Care Provider Taxonomy Code <p>PRV03 Code:</p> <ul style="list-style-type: none"> • Taxonomy Number
Rendering Provider	CMS 1500 Box: 24J	2310B – Rendering Specialty Information		PRV02 Reference Identification Qualifier <i>(Input the PRV02 code listed to the right)</i>	
Attending Provider			2310A – Attending Provider Specialty Information	<p>PRV03 Provider Taxonomy Code <i>(Input the provider's taxonomy number here.)</i></p> <p>Example: PRV*BI*PXC*207N00000X-</p>	