CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1692	**Date: MARCH 6, 2009**
	Change Request 6382

Subject: Healthcare Provider Taxonomy Codes (HPTC) Update April 2009

I. SUMMARY OF CHANGES: Intermediaries, Carriers, and DME Contractors must obtain the most recent Healthcare Provider Taxonomy Codes (HPTC) list and use it to update their internal HPTC tables. The attached Recurring Update Notification applies to Chapter 24, Sections 40.7.1, 40.7.2, 40.8.1, and 40.8.2.

New / Revised Material
Effective Date: April 1, 2009
Implementation Date: April 6, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1692	Date: March 6, 2009	Change Request: 6382

SUBJECT: Healthcare Provider Taxonomy Codes (HPTC) Update April 2009

Effective Date: April 1, 2009

Implementation Date: April 6, 2009

I. GENERAL INFORMATION

A. Background: The HPTC set is maintained by the National Uniform Claim Committee (NUCC) for standardized classification of health care providers. The NUCC updates the code set twice a year with changes effective April 1 and October 1. The HPTC list is available from the Washington Publishing Company (WPC) http://www.wpc-edi.com/codes/taxonomy in two forms. The first form is a free Adobe PDF download. The second form, available for purchase, is an electronic representation of the code set that facilitates automatic loading of the codes.

B. Policy: HIPAA requires that covered entities comply with the requirements in the electronic transaction format implementation guides adopted as national standards. The institutional and professional claim electronic standard implementation guides (X12 837-I and 837-P) each require use of valid codes contained in the HPTC set when there is a need to report provider type or physician, practitioner, or supplier specialty for a claim. Valid HPTCs are those codes approved by the NUCC for current use. Terminated codes are not approved for use after a specific date and newly approved codes are not approved for use prior to the effective date of the code set update in which each new code first appears. Although the NUCC generally posts their updates on the WPC Web page 3 months prior to the effective date, changes are not effective until April 1 or October 1 as indicated in each update. Specialty and/or provider type codes issued by any entity other than the NUCC are not valid, and Medicare would be guilty of non-compliance with HIPAA if Medicare contractors accepted claims that contain invalid HPTCs.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement

Number	Requirement										
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6382.1	Contractors and maintainers shall use the most cost effective means to obtain the April 2009 HPTC list, which should be available online by the end of the first week in January.	X	X	X	X	X	X	X	X		
6382.2	Contractors and maintainers shall update the current HPTC Tables with the April 2009 HPTC list.	X	X	X	X	X	X	X	X		
6382.3	Contractors shall notify submitters of 837-I and 837-P claims in a Newsletter/Bulletin and on their provider Web page of deletions,	X	X	X	X	X					

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	additions, or modifications in each HPTC update that could affect claims sent to Medicare, and the effective date of those changes. MLN articles are not prepared for code updates.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

B. All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Brian Reitz, Brian.Reitz@cms.hhs.gov , 410-786-5001 for professional claims and Matthew Klischer Matthew.Klischer@cms.hhs.gov , 410-786-7488 for institutional claims.

Post-Implementation Contact(s): Brian Reitz, Brian.Reitz@cms.hhs.gov , 410-786-5001 for professional claims and Matthew Klischer Matthew.Klischer@cms.hhs.gov , 410-786-7488 for institutional claims.

VI. FUNDING

A. ***For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):*** No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. ***For Medicare Administrative Contractors (MAC)*****:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.