

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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MLN Matters® Number: MM8211

Related Change Request (CR) #: CR 8211

Related CR Release Date: February 15, 2013

Effective Date: April 1, 2013

Related CR Transmittal #: R2660CP

Implementation Date: July 1, 2013 (Contractors who have the capability may implement April 1, 2013 or after)

Healthcare Provider Taxonomy Codes (HPTC) Update, April 2013

Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment MACs (DME MACs), and Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8211 which instructs carriers and Part B MACS to obtain the most recent Healthcare Provider Taxonomy Codes (HPTC) set and use it to update their internal HPTC tables and/or reference files.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that covered entities use the standards adopted under this law for electronically transmitting certain health care

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transactions, among them health care claims. The standards include implementation guides which dictate when and how data must be sent, including specifying the code sets which must be used.

Health care claims are among the health care transactions for which standards were adopted under HIPAA. Among the current versions of the standard implementation guides for health care claim transactions are the 5010 versions of the ASC X12 837 Institutional Technical Report 3 (TR3) for institutional claims and the ASC X12 837 professional TR3 for professional (and some supplier) claims. (There are other standards for other types of claims). Both the current ASC X12 837 institutional and professional TR3s require that the National Uniform Claim Committee (NUCC) Healthcare Provider Taxonomy Code (HPTC) set be used to identify provider specialty information on a health care claim. However, the standards do not mandate the reporting of provider specialty information via a HPTC be on every claim, nor for every provider to be identified by specialty.

The standards implementation guides state that this information is:

- "Required when the payer's adjudication is known to be impacted by the provider taxonomy code."; and
- "If not required by this implementation guide, do not send."

Medicare does not use HPTCs to adjudicate its claims. It would not expect to see these codes on a Medicare claim. However, currently, it validates any HPTC that a provider happens to supply against the NUCC HPTC code set.

The HPTC set is maintained by the National Uniform Claim Committee (NUCC) for standardized classification of health care providers, and the NUCC updates the code set twice a year with changes effective April 1 and October 1. The HPTC set is available for view or for download from the Washington Publishing Company (WPC) at <http://www.wpc-edi.com/codes> on the Internet.

CR8211 implements the NUCC HPTC code set that is effective on April 1, 2013. When reviewing the HPTC set online, revisions made since the last release can be identified by the color code:

- New items are green;
- Modified items are orange; and
- Inactive items are red.

Additional Information

The official instruction, CR8211, issued to your carriers and B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2660CP.pdf> on the CMS website.

If you have any questions, please contact your carriers or Part B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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