

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



Reminder from the Medicare Learning Network®

- [“Screening Pap Tests,”](#) Booklet, ICN 907791, Downloadable only. (August 2012)

MLN Matters® Number: MM8417

Related Change Request (CR) #: CR 8417

Related CR Release Date: August 9, 2013

Effective Date: October 1, 2013

Related CR Transmittal #: R2762

Implementation Date: January 6, 2014

## Healthcare Provider Taxonomy Codes (HPTC) Update, October 2013

### Provider Types Affected

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

### What You Need To Know

Change Request (CR) 8417, from which this article is taken, instructs Medicare contractors 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 when electronically transmitting certain health care transactions. These standards contain implementation guides that dictate when and how data must be sent, and specify the code sets that must be used.

#### Disclaimer

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Both the current ASC X12 837 institutional and professional claims require that the National Uniform Claim Committee (NUCC) HPTC set be used to identify provider specialty information on a health care claim. However, the standards do not mandate that a HPTC be on every claim, nor for every provider to be identified by specialty there.

They 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."

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

As the HPTC code set maintainer, the NUCC updates the code set twice a year (effective April 1 and October 1), and CR8417 implements the NUCC HPTC code set that is effective on October 1, 2013. CR8417 instructs Medicare contractors and maintainers to obtain the October 2013 HPTC set, and to update the current HPTC Tables with this updated list. It further instructs the contractors and maintainers that: 1) Have the capability to implement the updated October 2013 HPTC set, to update the HPTC table so that claims received on and after October 1, 2013, can be validated against this updated set; or 2) Lack this capability, to implement the October 2013 HPTC update as soon as they can after October 1, 2013, but not beyond January 6, 2014.

The HPTC set is available for view or for download at <http://www.wpc-edi.com/reference/> on the Washington Publishing Company (WPC) website. When reviewing the HPTC set online, revisions made since the last release can be identified by the color code: 1) New items are green; 2) Modified items are orange; and 3) Inactive items are red.

## Additional Information

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The official instruction, CR8417, issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2762CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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