

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1108	Date: NOVEMBER 9, 2006
	Change Request 5243

NOTE: Transmittal 1054, dated September 8, 2006 is being rescinded and replaced with Transmittal 1108 dated November 9, 2006. The definition for the 2000A loop under requirement 5243.4 was partially deleted and is being restored. All other information remains the same.

Subject: Reporting of Taxonomy Codes to Identify Provider Subparts on Institutional Claims

I. SUMMARY OF CHANGES: This Change Request requires providers billing for their primary facility and its subparts to report a taxonomy code on all of their claims.

New / Revised Material

Effective Date: January 1, 2007

Implementation Date: January 2, 2007

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	1/Table of Contents
N	1/160.1/Reporting of Taxonomy Codes (Institutional Providers)

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1108	Date: November 9, 2006	Change Request 5243
-------------	-------------------	------------------------	---------------------

NOTE: Transmittal 1054, dated September 8, 2006 is being rescinded and replaced with Transmittal 1108, dated November 9, 2006. The definition for the 2000A loop under requirement 5243.4 was partially deleted and is being restored. All other information remains the same.

SUBJECT: Reporting of Taxonomy Codes to Identify Provider Subparts on Institutional Claims

I. GENERAL INFORMATION

A. Background: Regulations implementing the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 require the use of National Provider Identifiers (NPIs) by covered health care providers and health plans (other than small plans) effective May 23, 2007. In reviewing the Medicare program’s business in preparation for the implementation of the NPI, Medicare has identified the need to create a crosswalk for claims from the legacy identifier to the NPI. Because some institutional providers may not choose to apply for a unique national provider number for each of its subparts (i.e.; psychiatric unit, rehabilitation unit, etc.), it has been determined that it is necessary to require those providers to submit a taxonomy code on their claims. The taxonomy code will assist in appropriately crosswalking claims submitted with the NPI of the provider to each of its subparts.

B. Policy: Providers submitting claims for their primary facility and its subparts will report a taxonomy code on all claims submitted to the fiscal intermediary using the attachment to crosswalk the OSCAR number to the appropriate taxonomy code for their type of facility.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
				F I S S	M C S	V M S	C W F			
5243.1	Medicare systems shall require providers submitting claims for their primary facility and its subparts to report a taxonomy code on their claims. NOTE: Refer to the attachment for the taxonomy code and its corresponding type of					X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	provider.									
5243.2	Medicare systems shall add the billing or service provider taxonomy code and zip code fields to the FISS online claim entry and update screens.					X				
5243.3	Contractors shall instruct providers to report the service facility locator loop (2310E) in an 837-I claim whenever the service was furnished at an address other than the address reported on the claim for the billing or pay-to-provider.	X								
5243.4	Contractors shall instruct providers to input a taxonomy code in the following 837-I provider loop: - 2000A (billing or pay-to-provider taxonomy code, but do not report taxonomy in this loop if there is data reported in the service facility locator loop of the claim).	X								
5243.5	Contractors shall instruct providers to submit separate batches of claims for each subpart identified by a different taxonomy code.	X								
5243.6	Medicare systems shall require providers submitting claims for their primary facility and its subparts to submit a 9-digit ZIP code on their claims.					X				
5243.7	Contractors shall inform providers that CMS recommends submitting both the OSCAR and NPI numbers on claims submitted through May 22, 2007. NOTE: Providers that fail to report an OSCAR number to correspond to their NPI number could result in a delay in payment.	X								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5243.8	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2007</p> <p>Implementation Date: January 2, 2007</p> <p>Pre-Implementation Contact(s): Yvonne Young, (410)786-1886, Yvonne.Young@cms.hhs.gov, or Wil Gehne, (410) 786-6148, Wilfried.Gehne@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
--	--

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

Attachment

Attachment

OSCAR Provider Type	OSCAR Coding	Taxonomy Code
Short-term (General and Specialty) Hospitals	0001-0879 *Positions 3-6	282N00000X
Critical Access Hospitals	1300-1399 *	282NC0060X
Long-Term Care Hospitals (LTCH Swing Beds submitting with type of bill 18X must use the LTCH taxonomy code)	2000-2299 *	282E00000X
Hospital Based Renal Dialysis Facilities	2300-2499*	261QE0700X
Independent Renal Dialysis Facilities	2500-2899*	261QE0700X
Rehabilitation Hospitals	3025-3099 *	283X00000X
Children's Hospitals	3300-3399 *	282NC2000X
Hospital Based Satellite Renal Dialysis Facilities	3500-3699	Type of bill code 72X + 261QE0700X + different zip code than any renal dialysis facility issued an OSCAR that is located on that hospital's campus.
Psychiatric Hospitals	4000-4499 *	283Q00000X
Organ Procurement Organization (OPO)	P in third Position	335U00000X
Psychiatric Unit	M or S in third Position	273R00000X
Rehabilitation Unit	R or T in third Position	273Y00000X
Swing-Bed	U, W, Y, or Z in third Position	Type of bill code X8X (swing bed) with one of the following taxonomy codes to define the type of facility

		<p>in which the swing bed is located: 275N00000X if unit in a short-term hospital (U); 282E00000X if unit in a long-term care hospital (W); 283X00000X if unit in a rehab facility (Y); or 282NC0060X if unit in a critical access hospital (Z).</p>
--	--	--

Medicare Claims Processing Manual

Chapter 1 - General Billing Requirements

Table of Contents

(Rev. 1108, 11-09-06)

160.1 – Reporting of Taxonomy Codes (Institutional Providers)

160.1 – Reporting of Taxonomy Codes (Institutional Providers)

(Rev. 1108, Issued: 11-09-06, Effective: 01-01-07, Implementation: 01-02-07)

Institutional providers submitting claims for their primary facility and its subparts (i.e.; psychiatric unit, rehabilitation unit, etc.) will report a taxonomy code on all of their claims submitted to the fiscal intermediary. The taxonomy code will assist in crosswalking from the NPI of the provider to each of its subparts when a provider has chosen not to apply for a unique national provider number for those subparts individually. The following chart supplies the crosswalk from the OSCAR number to the appropriate taxonomy code based on the provider's facility type:

<i>OSCAR Provider Type</i>	<i>OSCAR Coding</i>	<i>Taxonomy Code</i>
<i>Short-term (General and Specialty) Hospitals</i>	<i>0001-0879 *Positions 3-6</i>	<i>282N00000X</i>
<i>Critical Access Hospitals</i>	<i>1300-1399*</i>	<i>282NC0060X</i>
<i>Long-Term Care Hospitals (LTCH Swing Beds submitting with type of bill 18X must use the LTCH taxonomy code)</i>	<i>2000-2299*</i>	<i>282E00000X</i>
<i>Hospital Based Renal Dialysis Facilities</i>	<i>2300-2499*</i>	<i>261QE0700X</i>
<i>Independent Renal Dialysis Facilities</i>	<i>2500-2899*</i>	<i>261QE0700X</i>
<i>Rehabilitation Hospitals</i>	<i>3025-3099*</i>	<i>283X00000X</i>
<i>Children's Hospitals</i>	<i>3300-3399*</i>	<i>282NC2000X</i>
<i>Hospital Based Satellite Renal Dialysis Facilities</i>	<i>3500-3699</i>	<i>Type of Bill code 72X + 261QE0700X + different zip code than any renal dialysis facility issued an OSCAR that is located on that hospital's campus</i>
<i>Psychiatric Hospitals</i>	<i>4000-4499*</i>	<i>283Q00000X</i>
<i>Organ Procurement Organization (OPO)</i>	<i>P in third Position</i>	<i>335U00000X</i>

<i>Psychiatric Unit</i>	<i>M or S in third Position</i>	<i>273R00000X</i>
<i>Rehabilitation Unit</i>	<i>R or T in third Position</i>	<i>273Y00000X</i>
<i>Swing-Bed Unit</i>	<i>U, W, Y, or Z in third Position</i>	<p><i>Type of Bill Code X8X (swing bed) with one of the following taxonomy codes to define the type of facility in which the swing bed is located</i></p> <p><i>275N00000X if unit in a short-term hospital (U),</i></p> <p><i>282E00000X if unit in a long-term care hospital (W), 283X00000X if unit in a rehab facility (Y), or</i></p> <p><i>282NC0060X if unit in a critical access hospital (Z)</i></p>