
CMS Manual System

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Pub. 100-04 Medicare Claims Processing

Transmittal 694

Date: September 30, 2005

CHANGE REQUEST 4072

SUBJECT: Update to the Healthcare Provider Taxonomy Codes (HPTC) Version 5.1

I. SUMMARY OF CHANGES: Carriers and DMERCs must obtain the Health Care Provider Taxonomy Code list Version 5.1 and use it to update their internal HPTC tables.

The summary of changes for Version 5.1 is as follows:

Additions:

- Provider Taxonomy Value: **170300000X**
- Provider Taxonomy Value: **171000000X**
- Provider Taxonomy Value: **1710I1002X**
- Provider Taxonomy Value: **1710I1003X**

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 30, 2005

IMPLEMENTATION DATE: October 30, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

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

Attachment – One-Time Notification

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SUBJECT: Update to the Healthcare Provider Taxonomy Codes (HPTC) Version 5.1

I. GENERAL INFORMATION

A. Background: The Provider Taxonomy code set is an external non-medical data code set designed for use in classifying health care providers according to provider type or practitioner specialty in an electronic environment, specifically within the American National Standards Institute Accredited Standards Committee health care transaction. The HPTC's are scheduled for update twice per year (April and October). The HPTC code list is available from the Washington Publishing Company <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 list, which will facilitate the automatic loading of the code set.

B. Policy: HIPAA requires that submitted data, which is part of a named code set, be valid data from that code set. Claims accepted with invalid data are non-compliant. Because health care provider taxonomy is a named code set in the 837 Professional implementation guide, contractors must validate the inbound taxonomy codes against their internal HPTC tables.

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 H I e r	D E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4072.1	You shall use the most cost effective means to obtain the Version 5.1 HPTC list and update your HPTC tables as necessary.			X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)						
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		F I	R H 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	
4072.2	A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X	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*: October 30, 2005</p> <p>Implementation Date: October 30, 2005</p> <p>Pre-Implementation Contact(s): Brian Reitz, breitz@cms.hhs.gov, 410-786-5001</p> <p>Post-Implementation Contact(s): Brian Reitz, breitz@cms.hhs.gov, 410-786-5001</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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