CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2888	**Date: February 28, 2014**
	Change Request 8611

SUBJECT: Healthcare Provider Taxonomy Codes (HPTC) Update, April 2014

I. SUMMARY OF CHANGES: Affected Medicare contractors shall obtain the most recent Healthcare Provider Taxonomy Codes (HPTC) set and use it to update their internal HPTC tables and/or reference files. The attached Recurring Update Notification applies to the Chapter 24, Section 60.6.

EFFECTIVE DATE: April 1, 2014
IMPLEMENTATION DATE: July 7, 2014 - Contractors with the capability to do so shall implement this CR effective April 1, 2014.

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:
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 obliged 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: 2888	Date: February 28, 2014	Change Request: 8611

SUBJECT: Healthcare Provider Taxonomy Codes (HPTC) Update, April 2014

EFFECTIVE DATE: April 1, 2014

IMPLEMENTATION DATE: July 7, 2014 - Contractors with the capability to do so shall implement this CR effective April 1, 2014.

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 set is available for view or for download from the Washington Publishing Company (WPC) Web site at www.wpc-edi.com/codes.

This CR implements the NUCC HPTC code set that is effective on April 1, 2014.

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.

Contractors with the capability to do so are to implement the updated code set effective with claims received on and after April 1, 2014. Contractors without this capability are to implement the updated code set as early as they can in accordance with the April 1, 2014, effective date, but not beyond July 7, 2014.

B. Policy: 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 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. The Transactions and Code Sets Final Rule, published on August 17, 2000, establishes that the maintainer of the code set determines its effective date. This rule also mandates that covered entities must use the nonmedical data code set specified in the standard implementation guide that is valid at the time the transaction is initiated. For implementation purposes, Medicare generally uses the date the transaction is received for validating a particular nonmedical data code set required in a standard transaction.

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 NUCC HPTC set be used to identify provider specialty information on a health care claim. However, they do not mandate the reporting of provider specialty information: they 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."

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.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8611.1	Contractors and maintainers shall use the most cost effective means to obtain the April 1, 2014, HPTC set, which is available online at WPC and the NUCC Web sites.	X	X	X	X	X				CEDI, CEM
8611.2	Contractors and maintainers shall update the current HPTC Tables with the April 2014 HPTC list.	X	X	X	X	X				CEDI, CEM
8611.2.1	Contractors and maintainers having the capability to do so shall update the HPTC table such that claims received on and after April 1, 2014, will be validated against the April 1, 2014, HPTC set.	X	X	X	X	X				CEDI, CEM
8611.2.2	Contractors and maintainers lacking the capability to implement the updated April 2014 HPTC set for claims received on or after April 1, 2014, shall implement the April 2014 HPTC update as soon as they can after April 1, 2014, but not beyond July 7, 2014.	X	X	X	X	X				CEDI, CEM

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
8611.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider	X	X	X	X	X

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	education article shall be included in the contractor's next regularly scheduled bulletin. 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.					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Claudette Sikora, 410-786-5618 or claudette.sikora@cms.hhs.gov , Matthew Klischer, 410-786-7488 or Matthew.klischer@cms.hhs.gov , Rafael Espinal, 410-786-3449 or rafael.espinal@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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