

Frequently Asked Questions: Taxonomy Code Requirement effective March 1, 2017 Updated November 29, 2021

Below are responses to the frequently asked questions UCare has received regarding the Provider Bulletin from Jan. 6, 2017, "[Update on Taxonomy Code Requirements.](#)"

1. Is taxonomy required for atypical providers who do not have NPI numbers?

No. The corresponding taxonomy code must be reported on a claim whenever a NPI is submitted. Provider types, like transportation, interpreters and personal care assistants (PCA), that are not required to have or are not assigned NPI are not required to submit taxonomy on claims to UCare.

2. Is the physician or rendering taxonomy code required in addition to the facility/billing taxonomy code?

Yes, taxonomy for the billing and rendering or attending provider must be submitted when the billing and rendering NPI are submitted. Anytime NPI is submitted on a claim, the corresponding taxonomy must be submitted on the claim.

3. Why does UCare require taxonomy codes to be submitted on claims?

UCare is leveraging taxonomy information to identify when and how to apply specific payment calculations. For example, taxonomy informs UCare when mid-level reductions should be applied for Medicare professional services. It also indicates when specialty and primary care cost share amounts should be applied for Medicare professional services. When taxonomy is supplied on the claim, it ensures that UCare is accurately paying providers and applying member cost share.

4. How do I know which taxonomy codes I can use with my NPI?

Providers can verify the primary and other taxonomy codes that are registered for their NPI(s) on the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) [website](#). Providers should confirm the taxonomies linked to their CMS enumeration are up to date and accurately reflect the provider specialties billed under each NPI.

5. How will I know if my claim is rejecting because taxonomy is not appropriately reported on the claim?

When a claim is rejected due to taxonomy not being properly reported, providers may see the rejection or error category of A6 (The claim/encounter is missing the information specified in the Status details and has been rejected) and error code 145 (Entity's specialty/taxonomy code) on the 277CA report from their clearinghouse. For providers who submit paper claims, providers will receive a letter which provides the rejection reason and further details. To avoid payment delays on these claims, add taxonomy to the claim and resubmit it to UCare.

Providers should contact the clearinghouse they use to submit electronic claims regarding questions about 277CA reports.

6. Will taxonomy be required on claims received on and after March 1, 2017, or for dates of service March 1, 2017, and later?

Claims will reject if taxonomy is not properly reported on claims received by UCare on and after March 1, 2017.

7. Where should taxonomy codes be reported on the claim?

Please refer to the [National Uniform Claim Committee \(NUCC\)](#) for guidance on where taxonomy should be reported on paper and electronic claims.

Below is a quick reference for where taxonomy is reported on paper and electronic claims.

EDI				
Provider Type	CMS1500 (Loop 837P)	UB04 (Loop 837I)	EDI Segment	PRV Codes
Billing Provider	Loop 2000A - input segment constructed from instructions in the two rightmost columns	Loop 2000A - input segment constructed from instructions in the two rightmost columns	PRV01: Provider Code (Input one of the two-letter codes listed to the right)	AT = Attending Provider BI = Billing Provider PE = Performing (Rendering) Provider
Rendering Provider	Loop 2310B – Input segment constructed from instructions in the two rightmost columns	N/A	PRV02: Reference Identification Qualifier (Input the PRV02 code listed to the right)	PXC = Health Care Provider Taxonomy Code
Attending Provider	N/A	Loop 2310A – input segment constructed from instructions in the two rightmost columns	PRV03: Provider Taxonomy Code (Input the provider's taxonomy number here)	Taxonomy number
Example: PRV*BI*PXC*207N00000X~				

Paper																					
Provider Type	CMS1500	UB04																			
Billing Provider	Box 33B, Qualifier Code "ZZ" in the same box, preceding the Taxonomy Code. Example: <table border="1"> <tr> <td colspan="2">33. BILLING PROVIDER INFO & PH # ()</td> </tr> <tr> <td>a. NPI</td> <td>b. ZZ193200000X</td> </tr> </table>	33. BILLING PROVIDER INFO & PH # ()		a. NPI	b. ZZ193200000X	Box 81CC, A - Qualifier code "B3" in the same row's smaller box, and taxonomy code in the 2nd column box. Example: <table border="1"> <tr> <td>81CC</td> <td>B3</td> <td>193200000X</td> </tr> <tr> <td>a</td> <td></td> <td></td> </tr> <tr> <td>b</td> <td></td> <td></td> </tr> <tr> <td>c</td> <td></td> <td></td> </tr> <tr> <td>d</td> <td></td> <td></td> </tr> </table>	81CC	B3	193200000X	a			b			c			d		
33. BILLING PROVIDER INFO & PH # ()																					
a. NPI	b. ZZ193200000X																				
81CC	B3	193200000X																			
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b																					
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Rendering Provider	Box 24J for <i>each service line</i> , Qualifier Code "ZZ" in box 24I. Example: <table border="1"> <thead> <tr> <th>I. ID. QUAL.</th> <th>J. RENDERING PROVIDER ID. #</th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>193200000X</td> </tr> <tr> <td>NPI</td> <td>1234567890</td> </tr> <tr> <td>ZZ</td> <td>193200000X</td> </tr> <tr> <td>NPI</td> <td>1234567890</td> </tr> </tbody> </table>	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	ZZ	193200000X	NPI	1234567890	ZZ	193200000X	NPI	1234567890	N/A									
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ZZ	193200000X																				
NPI	1234567890																				
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NPI	1234567890																				
Attending Provider	N/A	N/A																			

8. Do other payers require taxonomy on their claims?

While it may not be required by other payers, many payers use taxonomy to adjudicate claims. UCare will require taxonomy to determine reimbursement more often in 2017. In order to increase the accuracy and timeliness of payments, we are requiring taxonomy to be submitted before adjudicating the claim.

9. Does taxonomy need to be included on claims that need to be coordinated with other insurance (e.g. Medicare crossover claims)?

Yes. When billing and rendering/attending NPI is included on a claim that may be coordinated with UCare coverage, the corresponding taxonomy must be included in order for UCare to process the claim. Claims that are coordinated with UCare coverage and do not have taxonomy reported, when applicable, will be rejected.

10. Have clearinghouses been notified about UCare's taxonomy requirements?

Yes. Relay Health, UCare's primary clearinghouse, distributed the Jan. 6, 2017, Provider Bulletin and this FAQ to connecting clearinghouses.

11. Do we need to proactively provide UCare with taxonomy codes for all our locations?

No. UCare is not currently requiring taxonomy information on provider enrollment forms. The taxonomy will only be required at the claim level when professional and facility claims are submitted to UCare. The taxonomy codes must match with the ones that are registered for their NPI(s) on the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) [website](#).

12. Does UCare want NPI and taxonomy at both the CLAIM rendering and LINE rendering for professional claims (837P and CMS 1500)?

The rendering provider NPI and taxonomy should be reported when it is different than the billing provider NPI/taxonomy information. Providers may submit multiple rendering provider NPI and taxonomy at the line level on the CMS 1500 form, but rendering provider NPI and taxonomy can only be submitted at the claim level on the 837. NPI is always required when submitting taxonomy on claim or line level. For more information see the 1550 Claims Instruction Manual at www.nucc.org.

Questions?

If you have further questions, please call UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.