



## **Taxonomy Codes – Definition and Claims Use**

Taxonomy codes are administrative codes set for identifying the provider type and area of specialization for health care providers. Each taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level. Taxonomy codes are assigned at both the individual provider and organizational provider level.

Taxonomy codes have three distinct levels: Level I is provider type, Level II is Classification, and Level III is the Area of Specialization. A complete list of taxonomy codes can be found within the Health Insurance Portability and Accountability Act (HIPAA) related code list section of the Washington Publishing Company (WPC) web site, at <http://www.wpc-edi.com/products/codelists/alertservice>. If you do not have internet access, you may contact the WPC at 1-425-562-2245 to find out how to purchase a printed code list.

Taxonomy codes are self-reported, both by registering with the National Plan and Provider Enumeration System (NPPES) and by electronic and paper claims submission.

Taxonomy codes registered with NPPES at the time of NPI application are reflected on the confirmation notice document received from NPPES with the provider's assigned NPI number. Current taxonomy codes registered, including any subsequent changes, may be obtained on an inquiry basis by visiting the NPI Registry Website at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

A provider can have more than one taxonomy code. It is critical to register all applicable taxonomy codes with NPPES and to use the correct taxonomy code to represent the specific specialty when filing claims. This will assist in more accurate and timely processing of claims.

Taxonomy codes are not currently required by Blue Cross and Blue Shield of New Mexico (BCBSNM), but are strongly recommended. Taxonomy codes are required for the New Mexico Medicaid Blue Salud! product. The BCBSNM system utilizes the taxonomy codes; therefore the absence of these codes can result in incorrect payment.

Taxonomy codes on electronic claim submissions with the ASC X12N 837P and 837I format are placed in segment PRV03 and loop 2000A for the billing level and segment PRV03 and loop 2420A for the rendering level. For paper UB04 institutional claims, the taxonomy code should be placed in box 81 and should be submitted with the "B3" qualifier. For paper CMS-1500 professional claims, the taxonomy code should be identified with the qualifier "ZZ" in the shaded portion of box 24i. The taxonomy code should be placed in the shaded portion of box 24j for the rendering level and in box 33b preceded with the "ZZ" qualifier for the billing level.