CMS Manual System Pub 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: JANUARY 20, 2006 Change Request 4254

Transmittal 815

SUBJECT: Healthcare Provider Taxonomy Codes (HPTC) Update

I. SUMMARY OF CHANGES: Intermediaries, Carriers, and DMERCs must obtain the most recent Healthcare Provider Taxonomy Codes (HPTC) list and use it to update their internal HPTC tables.

NEW/REVISED MATERIAL EFFECTIVE DATE: April 01, 2006 IMPLEMENTATION DATE: April 03, 2006

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:

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

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

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SUBJECT: Healthcare Provider Taxonomy Codes (HPTC) Update

I. GENERAL INFORMATION

A. Background: The HPTC 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 claim transaction. The HPTC's are scheduled for update twice per year (April and October). The HPTC list is available from the Washington Publishing Company <u>http://www.wpc-edi.com/codes/taxonomy</u> in two forms. The first form is a free Adobe PDF download. The second form, available for purchase, is an electronic representation of list, which shall 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 Institutional and Professional implementation guides, contractors must validate the inbound HPTCs 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 H I	C a r r i e r	D M E R C		red S intain M C S		C	Other
4254.1	You shall use the most cost effective means to obtain the April 2006 HPTC list.	X	X	X	X	X	X	X		
4254.2	You shall update the current HPTC Tables with the April 2006 HPTC list.	X	X	X	Х	X	Х	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements		-			ty (" t app	indi	icate	es the
		FI	R H H I	C a r r i e r	D M E R C	Sha Ma	V	em C W F	Other
4254.3	A provider education article related to this instruction will be available at <u>www.cms.hhs.gov/medlearn/matters</u> 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 shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. 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	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

Effective Date*: April 1, 2006 Implementation Date: April 3, 2006	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating
Pre-Implementation Contact(s): Indria Robinson, 410-786-6155 regarding this Change Request, Matt Klischer, 410-786-7488 regarding 837 Institutional Issues, and Brian Reitz, 410-786-5001 regarding 837 Professional Issues	budgets.
Post-Implementation Contact(s): Indria Robinson, 410-786-6155 regarding this Change Request, Matt Klischer, 410-786-7488 regarding 837 Institutional Issues, and Brian Reitz, 410-786-5001 regarding 837 Professional Issues	

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