

What Are Taxonomy Codes?

Taxonomy codes are national specialty codes used by providers to indicate their specialty and provider type. Providers may have multiple taxonomy codes but should only include the taxonomy code that applies to the services performed and reported during claim submission.

Providers choose their taxonomy code when applying for a National Provider Identifier (NPI). The chosen taxonomy code at the time of a provider's NPI application is reflected on the confirmation notice received from the National Plan and Provider Enumeration System (NPPES) along with the provider's assigned NPI number.

Difference Between an NPI and Taxonomy Code

Though both codes are unique, the NPI identifies the provider who should receive payment. Taxonomy codes are identifiers that describe the specialty field for which the provider is working and submitting claims.

How to Update Your Taxonomy Code Through the NPPES

To update your primary taxonomy, you can do so online by accessing nppes.cms.hhs.gov and completing the steps below:

- Enter your username and password.
- Select the *Pencil* icon in the action column of the NPI you wish to modify.
- Navigate to the taxonomy page.
- To update the primary taxonomy code, select the radio button next to the taxonomy to designate which of the codes listed is the primary taxonomy.

Taxonomy Qualifier Requirements for Electronic Claims Submissions

Professional Claims

For professional claims submitted using an electronic **837-P**:

- The billing provider taxonomy should be included in EDI loop 2000A
- The rendering provider taxonomy, when applicable, should be included in EDI loops 2310B

Institutional Claims

For institutional claims submitted using an electronic **837-I**:

- The billing provider taxonomy should be included in EDI loops 2000A
- The attending provider taxonomy, when applicable, should be included in EDI loop 2310A

Taxonomy Qualifier Requirements for Paper Claims Submissions

Professional Claims

For professional claims submitted using a **HCFA CMS-1500**:

- The rendering taxonomy code will be output from field 24I and 24J if it has the following:
 - ZZ qualifier: qualifier is required (no space between qualifier and taxonomy)
 - 10 alpha numeric characters ending in X
- The billing taxonomy code will be output from field 33B if it has the following:
 - ZZ qualifier: qualifier is required (no space between qualifier and taxonomy)
 - 10 alpha numeric characters ending in X

Institutional Claims

For institutional claims submitted using a **UB04 CMS-1450**, the taxonomy code will be output from either field 57 or 81 if has the following:

- B3 or ZZ qualifier: one of these are required (no space between qualifier and taxonomy)
- 10 alpha numeric characters ending in X