

Health Care Provider Taxonomy Code Request Form

PLEASE REVIEW THE TAXONOMY CODE REQUEST CRITERIA IN ITS ENTIRETY BEFORE COMPLETING THE TAXONOMY CODE REQUEST FORM STARTING ON PAGE 4.

TAXONOMY CODE REQUEST CRITERIA

All references herein to the term 'health care provider' shall have the meaning ascribed to such term under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, as may be amended.

Section A – New Taxonomy Code Requests – Business Justification

An applicant must provide information and documentation supporting the need for a new taxonomy code. In addition, all new taxonomy code request must meet **at least one** of the following criteria to demonstrate a need for the code.

1. A health plan has expressed a need for a new taxonomy code because an existing code does not meet its needs. Examples of health plans' use of taxonomy codes may include, identifying the provider in electronic transaction(s) (e.g., claim, remittance advice, eligibility, etc.), categorizing the provider in their provider directory or enrolling the provider.
2. The health care provider meets the requirements to obtain a National Provider Identifier (NPI), as defined by applicable federal regulation.
3. A new taxonomy code is needed to meet a legislative or regulatory requirement.

Section B – New Taxonomy Code Requests – Use Requirements

In addition to Section A requirements, each new taxonomy code request must meet **both** of the following criteria.

1. The new taxonomy code must be for use at a national level and may not be restricted to local use. (Exceptions to this requirement may be granted when an applicant sufficiently demonstrates that health care provider state licensing laws and regulations, or other certification or registration requirements, recognize a provider at only a local level.)
2. The new taxonomy code request must meet a unique need that is well-defined and separate and distinct from other codes currently in the code set.

Section C – New Taxonomy Code Requests – Physician Only

In addition to the requirements of Sections A and B, **one** of the following must be met for new taxonomy code requests for Medical Doctors (MD) or Doctors of Osteopathy (DO).

1. The area of specialty is recognized for certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) certifying boards.
2. There is an accredited residency/fellowship or specialty/subspecialty training program by the Accreditation Council for Graduate Medical Education (ACGME) or AOA-accredited Osteopathic Graduate Medical Education (OGME).
3. If Sections C.1 or C.2 are not met, **all** the following must be met:
 - The training requirements demonstrate that the MD/DO has a recognized area of specialty/subspecialty that is separate and distinct from others.
 - The training program is accredited by a third party.
 - The third-party accrediting organization establishes training program requirements, conducts periodic reviews of the programs, and has the authority to sanction programs.
 - A certification examination is required for graduates of the specialty/subspecialty training program to earn the designation.

The National Uniform Claim Committee (NUCC) shall determine whether a request meets all requirements of Section C.3.

Section D – Changes to Existing Taxonomy Codes or Definitions

An applicant must provide information and documentation supporting the need for a change to an existing taxonomy code or definition. In addition, **both** of the following must be met for requested changes to existing taxonomy codes or definitions:

1. Recommended change will not affect individuals/organizations currently using the existing code or definition.
2. Recommended change will not exclude any subset of individuals/organizations from being identified by the changed code or definition.

Applicants may be asked to obtain the support of the related professional organization(s).

NUCC REVIEW OF REQUESTS

The applicant is responsible for submitting appropriate information and documentation that demonstrates the need for the new taxonomy code or a change to an existing code or definition, including, but not limited to, evidence of support by the related professional organization(s), evidence of payer need, information about educational training. During its review, the NUCC may complete additional research, including internet searches or outreach to industry stakeholders. This additional information may be shared with the applicant.

ADDITIONAL INFORMATION

- Addition of a code to the Health Care Provider Taxonomy code set does not imply endorsement or support of the provider by the NUCC.
- Taxonomy codes, by themselves, do not establish qualifications to obtain a National Provider Identifier (NPI) or reimbursement from a payer.
- Changes to the code set are released on January 1st and July 1st and go into effect on April 1st and October 1st respectively.
- If a request for a new taxonomy code or changes to an existing code is denied, the applicant may not submit the same or substantially similar request for a period of one (1) year from the date of denial.

INSTRUCTIONS FOR SUBMITTING REQUESTS

1. After reading these Taxonomy Code Request Criteria, complete all sections of the form starting on page 4 and be as thorough as possible explaining the request.
2. Include specific information and documentation that supports the criteria being met. Requests lacking supporting information or documentation will be returned to the applicant and will not be reviewed by the NUCC until the necessary information or documentation is provided.
3. Submit completed forms to taxonomy@nucc.org. Forms may be submitted electronically with digital signature or in a PDF-scanned copy that includes a handwritten signature.

NEW OR REVISED TAXONOMY CODE REQUEST FORM

Review the request criteria and instructions before completing this form.

1. Type of Request

Indicate the type of request.

- New taxonomy code *(If checked, complete Sections A and B, and C if applicable.)*
 Revision to an existing taxonomy code or definition *(If checked, complete Section D.)*

2. Proposed Taxonomy Code

Enter the title of the code being requested.

3. Applicant

Enter the name of the individual or organization making the request.

4. Taxonomy Code Request Criteria

Complete the applicable section(s) and indicate the criteria that apply to the request.

Section A – New Taxonomy Code Requests – Business Justification

At least one of the following must apply.

- A health plan has expressed a need for a new taxonomy code because an existing code does not meet its needs.
 The health care provider meets the requirements to obtain a National Provider Identifier (NPI), as defined by applicable federal regulation.
 A new taxonomy code is needed to meet a legislative or regulatory requirement.

Section B – New Taxonomy Code Requests – Use Requirements

Both of the following must apply.

- The new taxonomy code must apply at a national level and not be restricted to local use.
 The new taxonomy code request must meet a unique need that is well-defined and separate and distinct from other codes currently in the code set.

Section C – New Taxonomy Code Requests – Physician Only

One of the following must apply.

- The area of specialty is recognized for certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) certifying boards.
- There is an accredited residency/fellowship or specialty/subspecialty training program by the Accreditation Council for Graduate Medical Education (ACGME) or AOA-accredited Osteopathic Graduate Medical Education (OGME).

If the above do not apply, **all** the following must apply.

- The training requirements demonstrate that the MD/DO has a recognized area of specialty/subspecialty that is separate and distinct from others.
- The training program is accredited by a third party.
- The third-party accrediting organization establishes training program requirements, conducts periodic reviews of the programs, and has the authority to sanction programs.
- A certification examination is required for graduates of the specialty/subspecialty training program to earn the designation.

Section D – Revisions to Existing Taxonomy Codes or Definitions

Both of the following must apply.

- Recommended change will not affect individuals/organizations currently using the existing code or definition.
- Recommended change will not exclude any subset of individuals/organizations from being identified by the changed code or definition.

5. Rationale for New or Revised Taxonomy Code Request

Enter a description of the business need for the request, including supporting documentation, specific examples of how the provider is currently impacted, and evidence of support by a related professional organization(s) or users of the codes.

6. Additional Information for the Request

Enter any additional information to support the request.

7. Proposed Definition

Enter the proposed definition for the code. New code requests must include a definition.

8. Definition source

Enter the source for the proposed definition.

9. Proposed Placement in the Taxonomy Code Set

Enter the proposed placement in the code set.

10. Content Usage Approval

In consideration of my submission of this request for a new code under the Health Care Provider Taxonomy code set, the undersigned and the Requesting Organization, if any, hereby grant the National Uniform Claim Committee (NUCC) an unrestricted, perpetual, irrevocable, worldwide, royalty free right to use, copyright, and publish all materials including, but not limited to, codes and descriptions, created in connection with the submission of this Taxonomy Code Request Form, for any purpose related to the NUCC's mission, the health care professions and administrative transactions.

Signature: _____

Date: _____

Note: Only a signature is acceptable. Include a digital signature or page that has been signed and scanned. A typed name is not sufficient.

Name: _____

Organization: _____

Title: _____