**Health Care Provider Taxonomy Request form**

|  |
| --- |
| **PRE-SUBMISSION INFORMATION** |
| **Review the following information.**   * All references to the term ‘health care provider’ shall have the meaning ascribed to it under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, as may be amended. * Taxonomy codes are used to identify providers in electronic administrative transactions, identify providers in health plans’ provider directories, and enroll providers in health plans. * Not all providers that perform health care services meet the criteria for a taxonomy code. * Not all provider credentials are specialties or subspecialties, for the purposes of provider taxonomy, and those credentials are captured in other provider data elements. * Taxonomy codes are self-selected by the provider. The NUCC does not assign taxonomy codes or advise providers on the selection of a code. * Do not submit a taxonomy request form to select or change your taxonomy code. * Review the Taxonomy Code Request Criteria before completing the Taxonomy Request Form starting on page 4. * Requests identifying a health plan need for a new taxonomy code must include information about the need to identify the provider in electronic administrative transactions, e.g., as a Rendering Provider, Billing Provider, etc., include them in their provider directory, or enroll them in the health plan. Requests identifying a statutory or regulatory requirement must include applicable information, references, or citations. * Requests must include all necessary information to be considered. Please include specific details about a health plan’s need for a taxonomy code. Also include other relevant information, such as state licensing, national certification, or national organization or association. * Incomplete requests will be returned, and requesters will have 14 calendar days from the date of notice to submit the completed request. Incomplete requests will not be reviewed. * Final decisions may be appealed within one (1) month of receipt of the decision. Appeal requests must include: 1) any adverse effects due to the decision; 2) new information that was available at the time of the initial request, but not provided; and 3) how the NUCC failed to conform to its procedures or criteria. |

**TAXONOMY CODE REQUEST CRITERIA**

|  |
| --- |
| **Section A: New Taxonomy Code – Business Justification**  All requests for a new taxonomy code must meet **at least one** of the following: |
| 1. A health plan has requested the provider obtain a new taxonomy code because an existing code does not meet its needs. Examples of health plans’ use of taxonomy codes include:    1. Identifying providers in electronic transaction(s) as a Rendering Provider, Billing Provider, etc.    2. Including providers in a provider directory    3. Enrolling providers in a health plan 2. A new taxonomy code is needed to meet a statutory or regulatory requirement. Specific citations of the statute or regulation are required. |
| **Section B: NEW Taxonomy Code – Use Requirements**  In addition to Section A, all requests for a new taxonomy code must meet **both** of the following: |
| 1. The new taxonomy code must apply at a national level and not be restricted to local use. (Exceptions may be granted when 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 current taxonomy codes. |
| **Section C: NEW Taxonomy Code – Physician Taxonomy Requests Only**  In addition to Sections A and B, all requests for a new taxonomy code for Medical Doctors (MD) or Doctors of Osteopathy (DO) must meet **at least** **one** of the following: |
| 1. The area of specialty or subspecialty 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 or subspecialty training program by the Accreditation Council for Graduate Medical Education (ACGME) or AOA-accredited Osteopathic Graduate Medical Education (OGME). 3. If C.1 or C.2 are not met, **all** the following must be met:    1. The training requirements demonstrate that the MD or DO has a recognized area of specialty or subspecialty that is well-defined and separate and distinct from others.    2. The training program is accredited by a third party.    3. The third-party accrediting organization establishes training program requirements, conducts periodic reviews of the programs, and has the authority to sanction programs.    4. A certification examination is required for graduates of the specialty or subspecialty training program to earn the designation.   Note: The NUCC shall determine whether a request meets all requirements of Section C.3. |
| **Section D: Modification to Existing Taxonomy Code or Definition**  All requests for modification to an existing taxonomy code or definitionmust meet **both** of the following: |
| 1. The modification will not affect individuals or organizations using the existing code or definition. 2. The modification will not exclude any subset of individuals or organizations from being identified by the modified code or definition.   Note: Requesters may be asked to obtain the support of any related professional organization(s). |

**NUCC REVIEW OF REQUESTS**

|  |
| --- |
| **INSTRUCTIONS FOR SUBMITTING REQUESTS** |
| * Complete all sections of the Taxonomy Code Request Form, as required by the criteria or the form itself, and be as thorough as possible. * Include specific information and documentation to support that the criteria are being met. * Submit completed forms to [taxonomy@nucc.org](mailto:taxonomy@nucc.org).   Forms may be submitted electronically with a digital signature or in a PDF-scanned copy that includes a handwritten signature. |
| **NUCC REVIEW PROCESS** |
| 1. Upon submission of request, the NUCC’s Code Subcommittee reviews the request. (Incomplete requests are returned to the requester to submit missing information.) 2. The Code Subcommittee deliberates on the information included in the request, such as:    1. Identifies the provider is well-defined and separate and distinct from other taxonomy codes.    2. Shows support by the related professional organization(s).    3. Demonstrates a health plan need to identify the provider with a taxonomy code.    4. Explains the education and training of the provider.    5. Identifies the statutory or regulatory requirement. 3. The NUCC reviews the request and makes a final decision on it. 4. The requester is notified of the decision.   Note: During its review, the NUCC may complete additional research, including internet search or outreach to industry stakeholders, to confirm or expand on information included in the request. This additional information may be shared with the requester. |
| **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 guarantee enrollment by a health plan for reimbursement purposes. * 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 modifications to an existing code is denied, the requester may not submit the same or substantially similar request for a period of one (1) year from the date of denial. |

**TAXONOMY CODE REQUEST FORM**

**Review the request criteria and instructions (pages 1-3) before completing this form.**

Note:Incomplete forms will be returned to the requester.

|  |
| --- |
| **1. Type of Request** |
| *Indicate the type of request.*  New taxonomy code *(If checked, complete Sections A and B, and C if applicable.)*  Modification to a current taxonomy code or definition *(If checked, complete Section D only.)* |
| **2. Proposed Taxonomy Code** |
| *Enter the title of the code being requested.* |
| **3. Requester** |
| *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. By checking a box, Applicant is attesting that the indicated information is true and accurate:* |
| **Section A: New Taxonomy Code – 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. (Examples of a health plan’s need includes identifying a provider in electronic administrative transactions as a Rendering Provider, Billing Provider, etc., including the provider in a provider directory, and enrolling a provider.)  A new taxonomy code is needed to meet a legislative or regulatory requirement. |
| **Section B: New Taxonomy Code – 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 in the code set. |

|  |
| --- |
| **Section C: New Taxonomy CODE – Physician Taxonomy Requests 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 or 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 or DO has a recognized area of specialty or subspecialty that is well-defined and 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 or subspecialty training program to earn the designation. |
| **Section D: Modification to Existing Taxonomy Code or Definition** |
| ***Both*** *of the following must apply.*  Recommended change will not affect individuals or organizations currently using the existing code or definition.  Recommended change will not exclude any subset of individuals or 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 information that supports how the applicable criteria are met.* |
| **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. I further attest, individually and on behalf of the Requesting Organization, that all information submitted on this request is true and accurate.  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: |