6 Wellness Way
Latham, NY 12110
www.cdphp.com

Re: Include Taxonomy Code on Claims Before the January 1, 2027 Requirement

Dear Provider Partner,

We would like to share important information to prepare you and your practice or facility for an upcoming claim submission requirement.

Effective for claims submitted on and after January 1, 2027, CDPHP® will require a taxonomy code. This includes claims submitted on or after January 1, 2027 with a date of service prior to January 1, 2027.

We encourage you to start adding taxonomy codes to your claim submissions now, so you are ready for the January 1 requirement. Please share this information with your billing department or billing service vendor.

Taxonomy Quick Facts

- Taxonomy codes are national specialty codes used by providers to indicate their specialty or provider type on a claim.
- When you apply for a National Provider Identifier (NPI), you choose your provider taxonomy code(s).
- Taxonomy codes indicated at the time of your NPI application are reflected on the confirmation notice received from the National Plan and Provider Enumeration System (NPPES), along with your assigned NPI number.
- Current taxonomy code(s) registered with NPPES may be obtained by submitting an inquiry on the NPI Registry website, npiregistry.cms.hhs.gov/search.
- The Washington Publishing Company (WPC) publishes the various provider specialty designations with their corresponding taxonomy codes. To learn more, visit www.wpc-edi.com/reference/.
- A provider may have multiple taxonomy codes and should only include the taxonomy code that applies to the services performed and reported on the claim submission.
- **As of January 1, 2027,** claims that do not include a taxonomy code will be denied.

Claim Submission Details

(**PLEASE NOTE**: There is no taxonomy requirement for Medicare crossover claims).

Paper Claims:

- **UB-04** - For UB-04 institutional claims, the taxonomy code should be added to **Box 81cc** and should be submitted with the **"B3"** qualifier.

- **CMS-1500** - For professional claims, the taxonomy code should be identified with the qualifier **"ZZ"** in the shaded portion of **Box 24I**. If the billing provider is a Group, the taxonomy code should be in the shaded portion of **Box 24J**. If the billing provider is an Individual, the taxonomy code should be placed in **Box 33B**.

Electronic Claims:
Taxonomy codes for electronic claim submissions with the **837P (ASCX12N/5010X222A1)** and **837I (ASCX12N/5010X223A2)** format are as follows:

837P

2000A	PRV01 = BI	PRV02 = PXC	PRV03 = taxonomy code	If Billing Provider is an Individual Provider, the taxonomy code is reported in Loop 2000A (billing provider loop)
2310B	PRV01 = PE	PRV02 = PXC	PRV03 = taxonomy code	If Billing Provider is a Group, the taxonomy code is reported in Loop 2310B (rendering provider loop)
2420A	PRV01 = PE	PRV02 = PXC	PRV03 = taxonomy code	Used if a service line rendering provider is different than claim level rendering provider. In these instances, the service line taxonomy code is reported in Loop 2420A (service line rendering provider loop)

837I

2000A	PRV01 = BI	PRV02 = PXC	PRV03 = taxonomy code

Thank you for being a valued partner in patient care through your participation in the CDPHP provider network.

Sincerely,

CDPHP Provider Relations Department
Capital District Physicians' Health Plan, Inc.

Questions? Call CDPHP Provider Services at 518-641-3500 or 1-800-926-7526.