

Taxonomy Code Guide

Topics covered

1. [What is a taxonomy code?](#)
2. [How does a provider obtain a taxonomy code?](#)
3. [What is the MassHealth taxonomy code requirement?](#)
4. [What is the New Hampshire Medicaid taxonomy code requirement?](#)
5. [How are taxonomy codes included when submitting CMS-1500 paper claims to WellSense?](#)
6. [How are taxonomy codes included when submitting 837P electronic claims to WellSense?](#)
7. [How are taxonomy codes included when submitting UB-04 paper institutional claims to WellSense?](#)
8. [How are taxonomy codes included when submitting 837I electronic institutional claims to WellSense?](#)

What is a taxonomy code?

A taxonomy code is a standardized 10-character code used in healthcare billing to identify a provider's type, specialty and practice area. It tells insurance companies what kind of healthcare provider rendered the service (e.g., family medicine, cardiology, behavioral health or a specific nursing role). Taxonomy codes are submitted on claims and enrollment records to help payers process claims accurately and apply the correct payment rules.

How does a provider obtain a taxonomy code?

Taxonomy codes are self-selected and maintained by healthcare providers, not assigned by insurers. Here's how the process works:

- Taxonomy codes are developed and maintained by the National Uniform Claim Committee (NUCC), which standardizes provider classifications across healthcare billing.
- When a provider applies for a National Provider Identifier (NPI) or updates their NPI record, they choose the taxonomy code(s) that best describes their training, credentials, and specialty.
- The code reflects what the provider is qualified and licensed to do (e.g., internal medicine physician, nurse practitioner–family, or clinical social worker).
- Providers submit their taxonomy code(s) and include them on claims when required, so payers know which specialty is rendering the service.
- Providers can add, remove or change taxonomy codes through the CMS National Plan and Provider Enumeration System (NPPES) if their role, specialty or practice focus changes.

What is the MassHealth taxonomy code requirement?

MassHealth requires providers to maintain accurate taxonomy codes in their National Provider Identifier (NPI) records to correctly identify their provider type and specialty.

- As part of a project to comply with federal encounter requirements, MassHealth is piloting a new system with two managed care providers in Massachusetts, one of which is WellSense. As part of this pilot program, providers must include the NPI for both billing and rendering/attending providers on all claims submitted to WellSense. Eventually, all managed care providers in Massachusetts will need to comply with this requirement.
- MassHealth now requires that the managed care organizations participating in the pilot, including WellSense, submit encounter data with accurate taxonomy codes for billing, rendering and attending providers. Claims or encounters submitted without required taxonomy codes may be rejected, with limited exceptions, such as pharmacy claims. Because we need to have encounters accepted by MassHealth, we must require providers to submit this information.
- Providers are responsible for selecting and maintaining taxonomy codes in the NPPES system and ensuring consistency across MassHealth enrollment and claim submissions.

What is the New Hampshire Medicaid taxonomy code requirement?

New Hampshire Medicaid requires providers to maintain accurate National Provider Identifier (NPI) information, including taxonomy codes, to support correct provider identification and claims processing.

- During New Hampshire Medicaid enrollment, providers must submit their NPI and associated taxonomy code(s) that reflect their provider type, specialty and scope of practice. New Hampshire Medicaid uses taxonomy codes as part of its enrollment and provider classification process, particularly for specified provider types.
- Providers are responsible for ensuring their taxonomy codes in the NPPES system align with their New Hampshire Medicaid enrollment information and the services they are billing. Providers must also keep enrollment data up to date if their specialty or scope of services changes.
- Providers must include the NPI for both billing and rendering/attending providers on all claims submitted to WellSense. Claims or encounters submitted without required taxonomy codes may be rejected.

How are taxonomy codes included when submitting CMS-1500 paper claims to WellSense?

Billing provider

A billing provider taxonomy code is required for all claims. Populate qualifier ZZ, Provider Taxonomy, followed by the taxonomy code in 33b. Do not use a space, hyphen or other separator between the qualifier and number.

ITEM NUMBER 33, 33a, AND 33b

33. BILLING PROVIDER INFO & PH # ()	
a. NPI	b.

Rendering provider

A rendering provider taxonomy code is only required if the rendering provider is different than the billing provider. In that case, populate qualifier ZZ, Provider Taxonomy, in the shaded area of 24I. Populate the taxonomy code in the shaded area of 24J.

ITEM NUMBER 24I

I. C. 24I

NPI

NPI

NPI

NPI

NPI

ITEM NUMBER 24J

J. RENDERING PROVIDER ID. #

How are taxonomy codes included when submitting 837P electronic claims to WellSense?

Billing provider

A billing provider taxonomy code is required for all claims.

- Loop: 2000A
- Segment: PRV
- Data Element: PRV01 = BI; PRV02 = PXC; PRV03 = Taxonomy Code

SEGMENT DETAIL

PRV - BILLING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2000A — BILLING PROVIDER HIERARCHICAL LEVEL

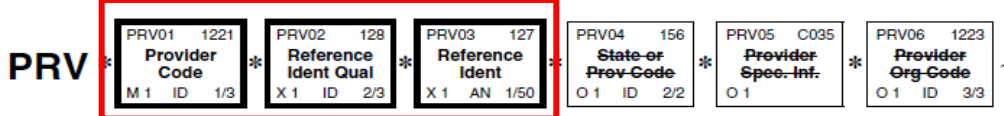
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the payer's adjudication is known to be impacted by the provider taxonomy code.
If not required by this implementation guide, do not send.

TR3 Example: PRV*BI*PXC*207Q00000X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1 ID 1/3
			BI Billing	
REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification	X 1 ID 2/3
			SYNTAX: P0203	
			PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	
REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: P0203	
			IMPLEMENTATION NAME: Provider Taxonomy Code	

Rendering provider

A rendering provider taxonomy code is only required if the rendering provider is different than the billing provider.

- Loop: 2310B
- Segment: PRV
- Data Element: PRV01 = PE; PRV02 = PXC; PRV03 = Taxonomy Code

SEGMENT DETAIL

PRV - RENDERING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2310B — RENDERING PROVIDER NAME

Segment Repeat: 1

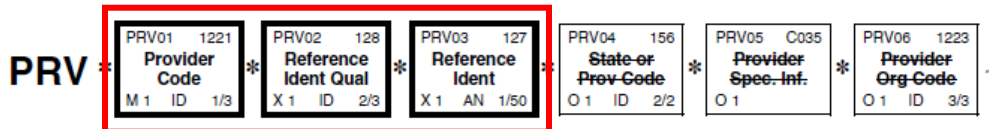
Usage: SITUATIONAL

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Notes: 1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

TR3 Example: PRV*PE*PXC*1223G0001X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1 ID 1/3
			CODE DEFINITION	
			PE Performing	
REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification	X 1 ID 2/3
			SYNTAX: P0203	
			CODE DEFINITION	
			PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	
REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: P0203	
			IMPLEMENTATION NAME: Provider Taxonomy Code	

How are taxonomy codes included when submitting UB-04 paper institutional claims to WellSense?

Billing provider

A billing provider taxonomy code is required for all claims.

Form locator 81a: Populate qualifier B3, Provider Taxonomy, in the left column and the taxonomy code in the middle column.

Other provider(s)

Form locator 81b-d: Populate qualifier B3, Provider Taxonomy, in the left column and the taxonomy code in the middle column.

81CC				
a				
b				
c				
d				

37

NUBC National Uniform
Billing Committee LIC9213257

How are taxonomy codes included when submitting electronic 8371 institutional claims to WellSense?

Billing provider

A billing provider taxonomy code is required for all claims.

- Loop: 2000A
- Segment: PRV
- Data Element: PRV01 = BI; PRV02 = PXC; PRV03 = Taxonomy Code

SEGMENT DETAIL

PRV - BILLING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2000A — BILLING PROVIDER HIERARCHICAL LEVEL

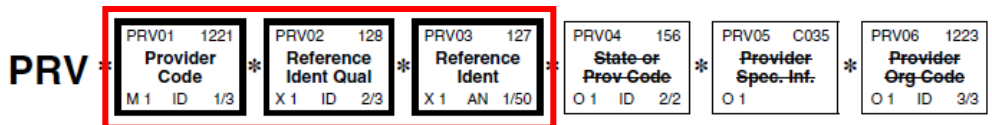
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the payer's adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Example: PRV*BI*PXC*282NR1301X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider	M 1 ID 1/3
			BI Billing	
REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification	X 1 ID 2/3
			SYNTAX: P0203	
			PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	
REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
			SYNTAX: P0203	
			IMPLEMENTATION NAME: Provider Taxonomy Code	

Attending provider

- Loop: 2310A
- Segment: PRV
- Data Element: PRV01 = AT; PRV02 = PXC; PRV03 = Taxonomy Code

SEGMENT DETAIL

PRV - ATTENDING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2310A — ATTENDING PROVIDER NAME

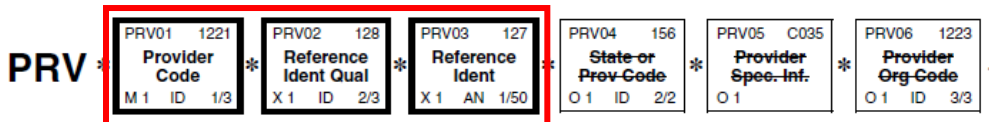
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when adjudication of the destination payer, or any subsequent payer listed on this claim, is known to be impacted by the attending provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Example: PRV*AT*PXC*208D00000X~

DIAGRAM



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	Provider Code Code identifying the type of provider CODE DEFINITION AT Attending	M 1 ID 1/3
REQUIRED	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
REQUIRED	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: P0203 IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50