

Michigan Department of Community Health

Bulletin Number: MSA 11-25

Distribution: Family Planning Clinics, Federally Qualified Health Clinics (FQHCs), Local Health Departments (LHDs), Laboratory, Maternal Infant Health Program (MIHP)

Issued: June 16, 2011

Subject: New Taxonomy Reporting Requirements

Effective: Upon Receipt

Programs Affected: Medicaid, Adult Benefits Waiver (ABW), and Plan First!

The purpose of this bulletin is to provide important details on the new taxonomy reporting requirements for Family Planning Clinics when the same billing National Provider Identifier (NPI) applies to both a Family Planning Clinic and any other enrolled provider specialty within the Michigan Department of Community Health (MDCH) Provider Enrollment (PE) Subsystem. (This is an update to previously issued Bulletin – MSA 10-38.)

Healthcare Provider Taxonomy Codes (HPTC)

HPTC are a Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard code set named in the implementation guides for specific ASC X12 standard HIPAA transactions and are considered a situational data element. A taxonomy code may be required by a payer to be reported if necessary to properly pay or process a claim. Taxonomy codes are categorized into two main subsets: individuals and non-individuals. Healthcare providers must select the taxonomy code(s) that most closely represents their education, license, or certification. This selection of taxonomy code(s) must be reported nationally to the National Plan and Provider Enumeration System (NPPES) and to MDCH within the online Community Health Automated Medicaid Processing System (CHAMPS) PE Subsystem. Additional information regarding taxonomy codes may be found at: www.wpc-edi.com/taxonomy.

Effective immediately, MDCH will require a Family Planning Clinic enrolled with a single billing NPI (representing both a Family Planning Clinic and any other enrolled provider specialty) to report the non-individual taxonomy code of 261QF0050X (Family Planning, Non-Surgical) to allow successful adjudication of family planning services. The taxonomy code must be reported at the header level of the claim along with the billing provider NPI as follows:

Electronic 837 4010A1 professional format:

- Loop 2000A – BILLING/PAY-TO PROVIDER SPECIALITY INFORMATION
- Date Element PRV03 – Billing/Pay-To Provider Taxonomy Code

CMS-1500 (Version 08/05) paper claim form:

- Billing Provider Number
Field number 33 A – NPI
Field number 33B – Taxonomy Code

The taxonomy code must only be reported for family planning services. For non-family planning services, a separate claim must be submitted to MDCH omitting the taxonomy code with the billing provider NPI.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration