**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 Accounting Act of 1996, as may be amended (HIPAA).

**Section A – All Requests**

**All** code requests must meet **one** of the following criteria to demonstrate a need for the code.

1. A health plan has expressed a need for a 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 code is needed to meet a legislative or regulatory requirement.

**Section B – All Requests**

In addition, **all** requests must meet **all** of the following criteria.

1. The code **must** apply at a national level and not be restricted to local use.
2. The request **must** meet a unique need that is well-defined and separate and distinct from other codes currently in the code set.
3. The request **must** have the support of the related professional organization(s), if applicable.

Exceptions may be granted for a provider that is recognized (i.e. licensed, certified, or registered) as a health care provider in one or a few states.

**Section C – Physician Requests Only**

In addition to the requirements of Sections A and B, **one** of the following must be met 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 applicable, **all** of 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 of the requirements of Section C.3.

**Section D – Changes to Existing Codes or Definitions**

The following **must** be met when requesting changes to existing 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.
3. Recommended change **must** have the support of the related professional organization(s).
4. Requests for changes to existing codes or descriptions **must** provide information and documentation supporting the need for the change and that organizations currently using the code will not be impacted by the change.

**NUCC Review OF REQUESTS**

The applicant is responsible for submitting appropriate information and documentation that demonstrates the need for the code. During its review, the NUCC may, but is not required to, complete independent research, which it may share with the code 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 code is denied, the requestor may not submit a new code request for the same or substantially similar code for a period of one (1) year from the date of denial of the code request.

**Instructions for Submitting Requests**

1. After reading through 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 requester and will not be reviewed by the NUCC until the necessary information or documentation, as the case may be, is provided.
3. Include specific information and documentation to demonstrate that the proposed code is unique and distinctly different from existing provider specialties already in the code set.
4. **Submit completed forms to** [**taxonomy@nucc.org**](mailto:taxonomy@nucc.org)**.** Forms may be submitted electronically with digital signature or in a PDF-scanned copy that includes a handwritten signature.

**Taxonomy Code Request Form**

Complete all sections of this form and be as thorough as possible explaining the request. Include specific information and documentation that supports the criteria being met. Requests lacking supporting information or documentation will be returned to the requester and will not be reviewed by the NUCC until the necessary information or documentation, as the case may be, is provided.

**Proposed Health Care Provider Code**

Enter the title of the code for which the request is being made.

Click here to enter text.

**Requester**

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

Click here to enter text.

**Type of Request**

Indicate which type of request this is.

New code (including definition and source)

Revision to an existing code or definition

**Request Criteria**

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

**Section A – All Requests**

**All** code requests must meet **one** of the following criteria to demonstrate a need for the code.

A health plan has expressed a need for a 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.

The health care provider meets the requirements to obtain a National Provider Identifier (NPI), as defined by applicable federal regulation.

A code is needed to meet a legislative or regulatory requirement.

**Section B – All Requests**

In addition, **all** requests must meet **all** of the following criteria.

The code **must** apply at a national level and not be restricted to local use.

The request **must** meet a unique need that is well-defined and separate and distinct from other codes currently in the code set.

The request **must** have the support of the related professional organization(s), if applicable.

**Section C – Physician Requests Only**

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

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 Sections C.1 or C.2 are not applicable, **all** of 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.

**Section D – Revisions to Existing Codes or Definitions**

The following **must** be met when requesting changes to existing codes or definitions:

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.

Recommended change **must** have the support of the related professional organization(s).

Requests for changes to existing codes or descriptions **must** provide information and documentation supporting the need for the change and that organizations currently using the code will not be impacted by the change.

**Rationale for Request**

Enter a description of the business need for the request. Please include specific examples of how the provider is impacted by not having a code.  
Click here to enter text.

**Additional Information for the Request**

Enter any additional information to support the request.

Click here to enter text.

**Proposed Definition**

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

Click here to enter text.

**Definition source**

Enter the source for the proposed definition for the code.

Click here to enter text.

**Proposed Placement in the Code Set**

Enter the proposed placement in the code set, e.g., Level III under Allopathic and Osteopathic Physicians - Internal Medicine.

Click here to enter text.

In submitting the Taxonomy Code Request Form, you acknowledge and agree to the following:

In consideration of my submission of this request for a new code under the Health Care Provider Taxonomy code set, I and the organization I represent hereby assign to the National Uniform Claim Committee (NUCC), without requiring additional approvals, all rights to use, copyright for the full term of copyright and any renewal thereof including publishing 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: Click here to enter text.

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: Click here to enter text.

Organization: Click here to enter text.