north dakota
**department of
human services**

Fact Sheet

TAXONOMY & ND MEDICAID PROVIDERS

Taxonomy codes are national codes used by providers to indicate the type of services and products they deliver. Taxonomy is a unique alphanumeric code, ten characters in length. The code is structured in three distinct levels, including Provider Type, Classification, and Area of Specialization. ND Health Enterprise MMIS requires the submission of provider taxonomy codes on all claims (both paper and electronic), in conjunction with the provider's National Provider Identifier (NPI).

The NPI and taxonomy combination is used to identify a provider and generates the system edits that pertain to pricing and funding for appropriate claim adjudication**. It is critically important that all claims submitted to ND Health Enterprise include each provider's NPI and taxonomy code to ensure proper claim adjudication**. The taxonomy code that is on the claim should be the same taxonomy code assigned to the ND Health Enterprise MMIS enrollment record.

The exception to the taxonomy requirement is "atypical providers" defined by CMS as non-medical providers who do not furnish direct healthcare services. These providers do not have a taxonomy code. Examples of atypical providers may include, but are not limited to:

- Nonemergency transportation
- Physical alterations to living quarters for the purpose of accommodating disabilities
- Vehicle modifications

- Some Medicaid Home & Community Based services
- Community Health Aids or Practitioners
- Adult day care providers
- Care coordinators

Current Legacy MMIS providers may be submitting taxonomy codes on their claims. However, it is important to be aware that the taxonomy code used previously may not align with the set of valid taxonomy codes designated by ND Medicaid for use in the new ND Health Enterprise MMIS. The valid taxonomy codes utilized by ND Medicaid for individual and group providers are available at http://www.nd.gov/dhs/info/mmis/materials.html.

If you are unsure of the taxonomy code selected during the ND Health Enterprise MMIS enrollment process, you may review your individual enrollment election at http://www.nd.gov/dhs/info/mmis.html.

It is important that providers use the taxonomy code assigned to their enrollment application during the approval process. Any questions about your enrollment information, including taxonomy change requests, can be directed to Provider Enrollment at dhsenrollment@nd.gov .

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For your convenience, specific information detailing the provider taxonomy values required on ND Health Enterprise claims is presented in tables on the following page. Table 1 identifies the X12 EDI HIPAA compliant transaction loops where taxonomy values are required. Table 2 details the specific block on paper claim forms where taxonomy information must be entered.

Table 1: Taxonomy Requirements by Claim Form – Electronic Claims

Provider Type	Electronic Claims		
	837P	837I	837D
Billing Provider	Loop 2000A	Loop 2000A	Loop 2000A
Rendering Provider	(Header) Loop 2310B		(Header) Loop 2310B
Rendering Provider	(Line) Loop 2420A -		(Line) Loop 2420A -
Attending Provider		Loop 2310A	
Assistant Surgeon			(Header) Loop 2310D
Assistant Surgeon			(Line) Loop 2420B

Table 2: Taxonomy Requirements by Claim Form – Paper Claims

Provider Type	Paper Claims		
	CMS 1500	UB 04	ADA Dental
Billing Provider	33b	81	52a
Rendering Provider	24j *	78 or 79 *	
Referring Provider	17a *	78 or 79 *	
Attending Provider		76 *	
Operating Provider		77 *	
Other Operating Provider		78 or 79 *	
Ordering Provider	17a *		
Supervising Provider	17a *		
Treating Dentist			56a

*May be situational