

## Appendix I: Taxonomy and ProviderOne

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A taxonomy code indicates provider type, specialty, and subspecialty. You will need to use a taxonomy for billing and servicing (if applicable) providers on all claims submitted in ProviderOne.

The general term “taxonomy” refers to a classification system. For medical billing and payment, “provider taxonomy” refers to the national provider classification system defined by the Centers for Medicare and Medicaid Services (CMS). This national classification system is part of the National Provider Identification (NPI) rule of the [Health Insurance Portability and Accountability Act \(HIPAA\)](#).

Apple Health requires taxonomy on Medicare crossovers. You must include taxonomy on Medicare claims when the client is also eligible for Medicaid as a secondary payer. Medicare will pass the taxonomy on these claims to Apple Health. If the taxonomy is missing on Medicare claims passed to Apple Health, these claims will deny. In addition, Apple Health does not receive TPL claims directly from other payers (other than Medicare). When billing the agency directly for TPL coverage, follow Apple Health rules about taxonomy (i.e., make sure the taxonomy is associated with the provider and that the taxonomy description aligns with the service).

There are three steps to using taxonomy in ProviderOne:

1. Verify the taxonomy to be billed is loaded in your ProviderOne account:
  - This information can be found under Manage Provider Information on the Provider Portal.
  - On the Business Process Wizard (BPW) page, taxonomy is referred to as Specializations.
  - There are 2 profiles in ProviderOne that allow the user to edit or add to your account: EXT Provider File Maintenance and EXT Provider Super User (other profiles may only allow viewing of the file).
  - ProviderOne uses subsets of the national taxonomies; there are many more taxonomies available that are not used by the ProviderOne system. Only those taxonomies shown in the drop down list in the provider file are being used.
2. Use the verified taxonomy for billing and rendering/servicing (if applicable) providers on the claim (this is not necessary for referring providers).
3. Make sure the service billed is allowed by the taxonomy:
  - The service on the billed claim must be associated with the taxonomy and be within the scope of licensure for the provider supplying or performing the service. For example, oxygen services require oxygen taxonomy; Durable Medical Equipment (DME) billings require DME taxonomy; dental services require a dental taxonomy, etc.