


How to View or Update Provider Taxonomy


Overview: This job aid provides step-by-step instructions for viewing and changing Taxonomy codes for provider profiles. Only authorized users can view or update provider taxonomy in NCTracks.

As part of the transition to NCTracks, NC DHHS reviewed all providers and pre-selected new taxonomy codes for each provider based the provider specialty. Many of these new codes are considerably different from the previous taxonomy codes. However, these new codes have been approved for use by the state and should be used when submitting claims or prior approvals.

 **The taxonomy code on the claim or prior approval must match the taxonomy code on the provider’s record or the claim will deny.**

To view the state selected taxonomy code for your NPI, with a complete description, please visit the current website:

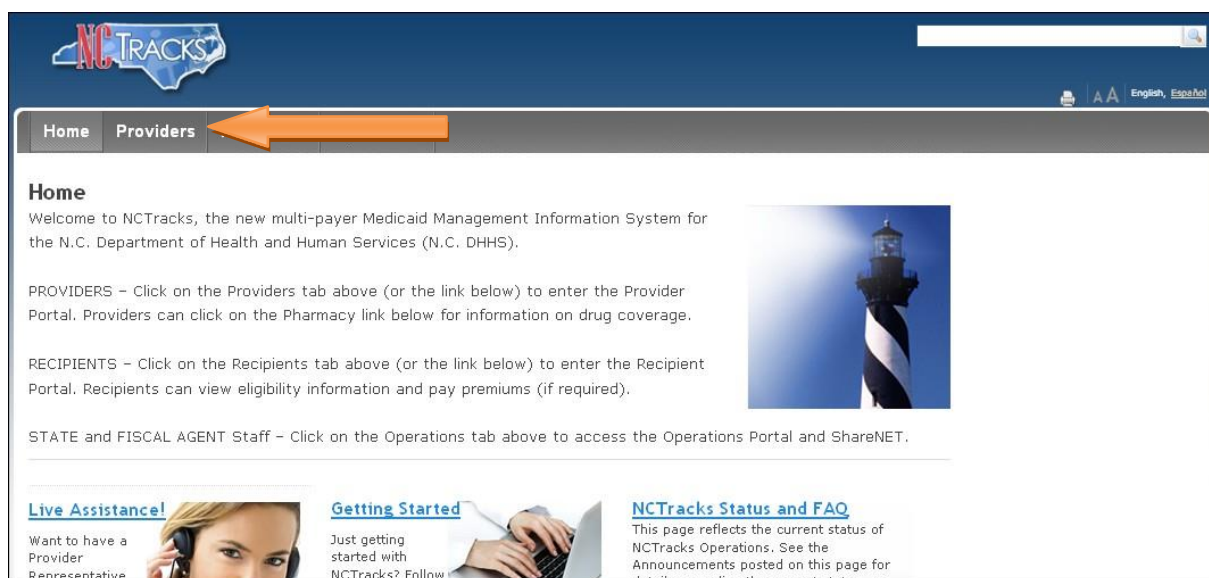
<http://ncmmis.ncdhhs.gov/taxonomy.asp>

 Please note that adding a new taxonomy code via the manage change request is not an immediate process, and can take several weeks to complete, as licensing and accreditation must be reviewed by CSC and approved by the state.

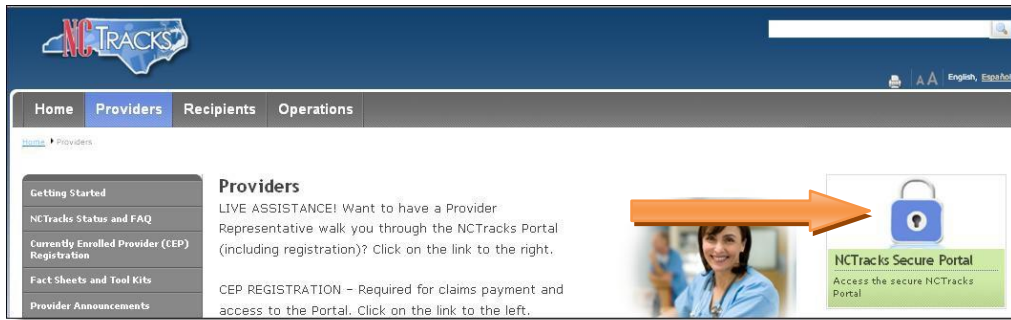
Viewing or Updating Taxonomy Codes in NCTracks

Viewing and changing taxonomy codes can be completed in the Manage Change Request section of NCTracks.

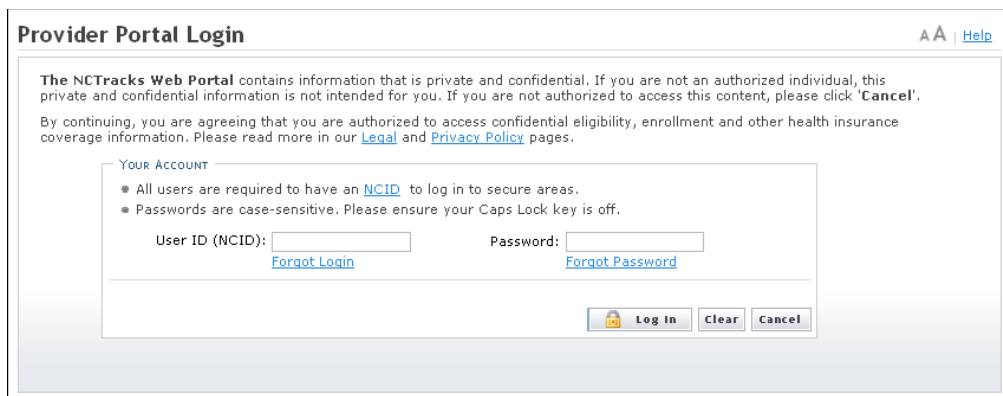
1. To log into NCTracks navigate to www.nctracks.nc.gov
2. The following page will display. Click the Providers tab at the top of the page.



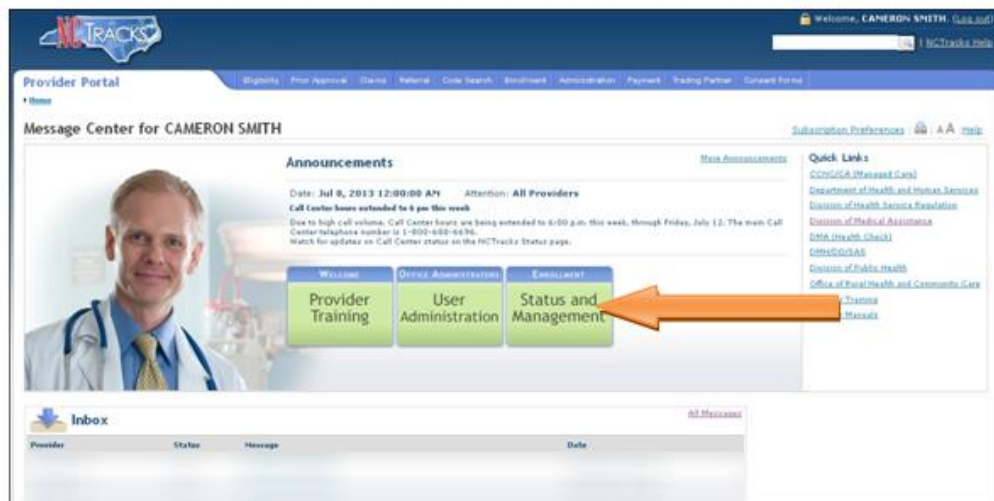
3. From the providers page, click the NCTracks Secure Portal icon.



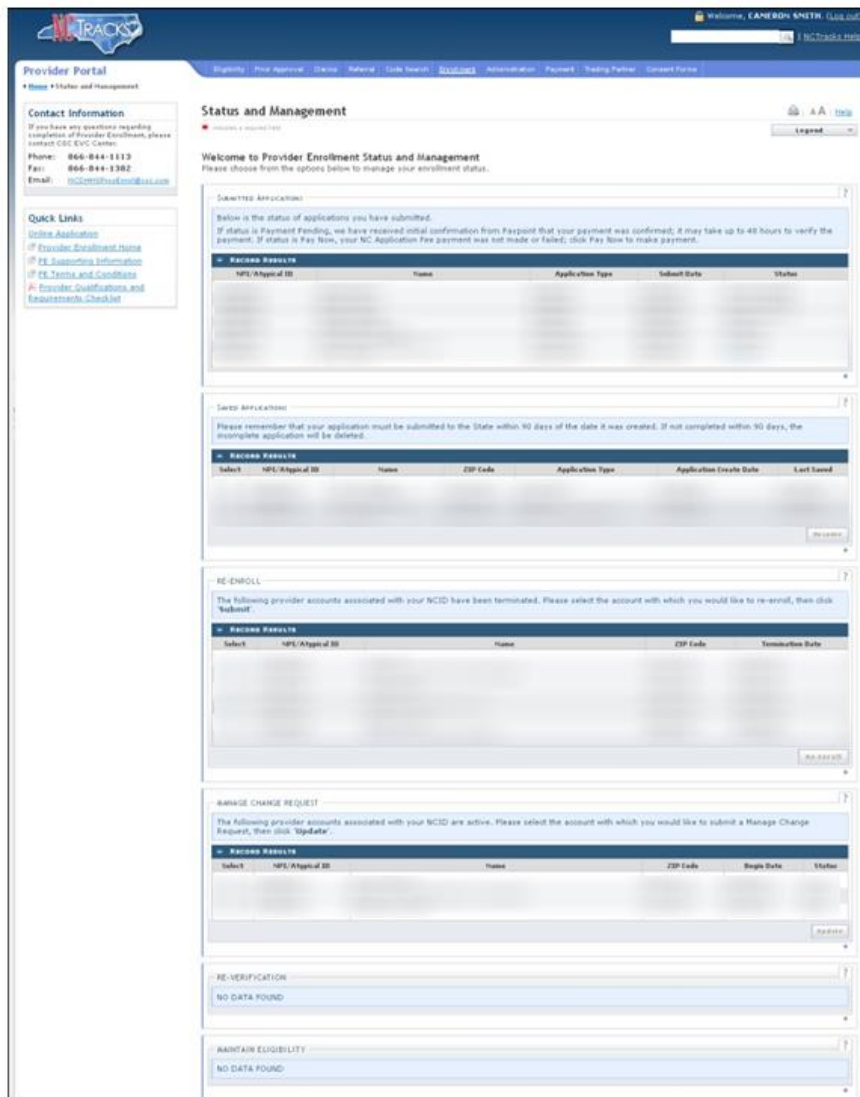
4. The following login screen will display. Enter the NCID and password and click the **Log in** button.



5. The following Providers page will display.



- The **Status and Management** screen will display. There are 5 sections of the screen. Reference the next page for descriptions of each section.




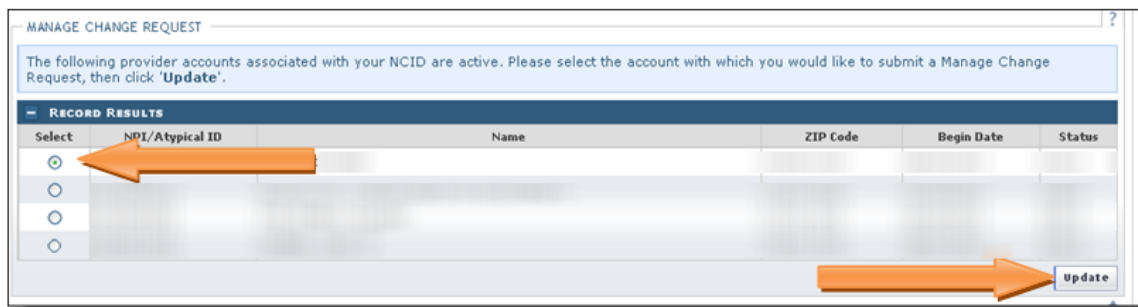
Status and management

- **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.


- **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
- **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

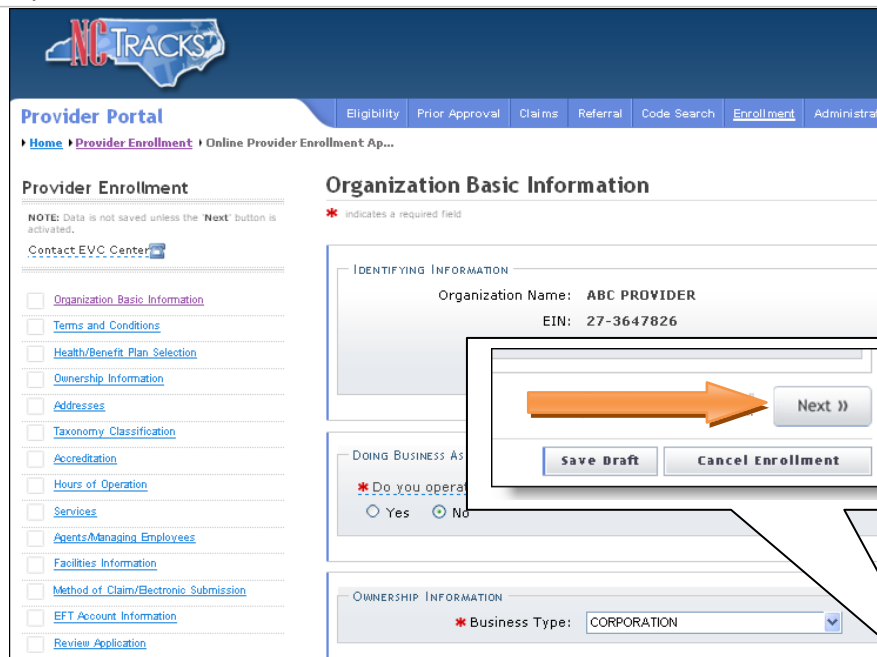
7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.

 If the manage change request section is blank, it is possible that a manage change request has already been create and/or submitted, but not yet approved. Check the Submitted Applications and Saved Application sections for a current change request/enrollment that is already in process.



8. The **Organization Basic Information** screen will display. The left hand side menu will display a list of Change Request Topics.

 If you are planning on making changes to your profile, do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the Manage Change Request can be submitted. Instead, to navigate to the Taxonomy Classification section, click the **Next** button on the bottom right corner of the screen until you reach the appropriate screen.



9. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

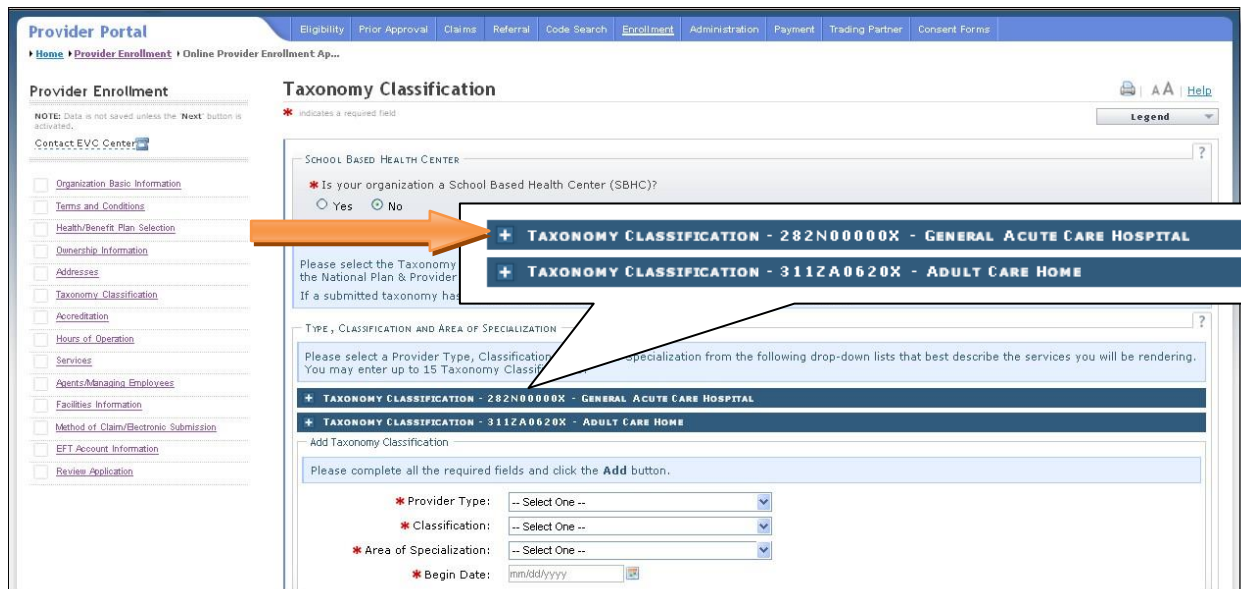
Attestation Statement

*** ATTESTATION**

is attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

Please be sure to complete all required fields with valid content.

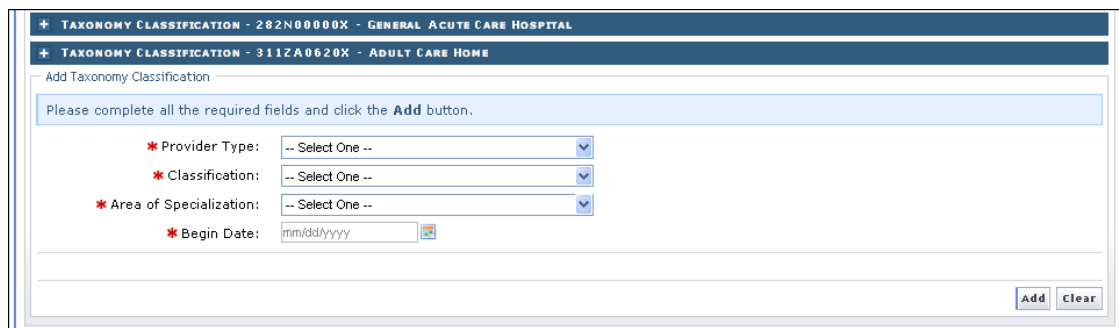
10. The **Taxonomy Classification** screen will display. The assigned taxonomy codes will be listed on the dark blue bars, as illustrated below. To view the taxonomy details, click the + (plus) sign to expand the taxonomy.



11. The **Taxonomy Classification** detailed view will display. The Provider Type (Level 1), Classification, (Level 2), and Area of Specialization (Level 3) will be listed, along with the status and Begin Date.



12. New taxonomy codes can be added under the Add Taxonomy Classification section



IMPORTANT: To select a new taxonomy, users will first need to select the **Provider Type**, then the **Classification**, and then the Area of Specialization, in that order. The **Provider Type** selection determines the available options for **Classification**. The **Classification** selection determines the available options for **Area of Specialization**.

The screenshot shows a form titled "Add Taxonomy Classification" with a blue header bar containing the instruction "Please complete all the required fields and click the Add button." Below this are four required fields, each marked with a red asterisk:

- Provider Type: -- Select One --
- Classification: -- Select One --
- Area of Specialization: -- Select One --
- Begin Date: -- Select One --



In the above example, no options are available under **Area of Specialization** because no **Provider Type** or **Classification** has been selected.

Note, Some Provider Types and Classification combinations do not have an Area of Specialization. Reference the example below.

The screenshot shows the same "Add Taxonomy Classification" form. In this instance, the "Provider Type" dropdown is set to "GROUP" and the "Classification" dropdown is set to "Multi-Specialty". The "Area of Specialization" dropdown now shows "None" as an option. The "Begin Date" dropdown is set to "None".



Taxonomy codes are a national code set managed by the National Uniform Claim Committee (NUCC). Many of the new taxonomy codes are very different from the previous codes. Providers may visit the NUCC website to view NUCC taxonomy code options.

Visit <http://www.nucc.org/>

The screenshot shows the homepage of the National Uniform Claim Committee (NUCC). The header includes the NUCC logo and a search bar. A navigation menu contains links for Home, Announcements, NUCC Structure, Calendar, 1500 Claim Form, Code Sets, and Resources. A secondary menu lists Condition Codes, Provider Characteristics, and Provider Taxonomy. A red arrow points to the "Code Lookup" link in the secondary menu. Below the navigation, a main heading reads "Annual Release of the NUCC 1500 Instruction Manual" with a sub-heading "More Information" and a link for "New Codes".

The Code Lookup screen will display. To expand the list of Taxonomy Cods, click the + (plus) sign next to each option. To view the definition, click the [definition] link next to the code.

Open All

Code titles with a sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- Individual or Groups (of Individuals)
 - Group [\[definition\]](#)
 - Multi-Specialty - **193200000X** [\[definition\]](#)
 - Single Specialty - **193400000X** [\[definition\]](#)
 - Allopathic & Osteopathic Physicians [\[definition\]](#)
 - Behavioral Health & Social Service Providers [\[definition\]](#)
 - Chiropractic Providers [\[definition\]](#)
 - Dental Providers [\[definition\]](#)
 - Advanced Practice Dental Therapist - **125K00000X** [\[definition\]](#)
 - Dental Assistant - **126800000X** [\[definition\]](#)
 - Dental Hygienist - **124Q00000X** [\[definition\]](#)
 - Dental Laboratory Technician - **126900000X** [\[definition\]](#)
 - Dental Therapist - **125J00000X** [\[definition\]](#)
 - Dentist - **122300000X** [\[definition\]](#)
 - Dental Public Health - **1223D0001X** [\[definition\]](#)
 - Dentist Anesthesiologist - **1223D0004X** [\[definition\]](#)
 - Endodontics - **1223E0200X** [\[definition\]](#)
 - General Practice - **1223G0001X** [\[definition\]](#)

Clicking a [\[definition\]](#) link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

If you have Questions about the Health Care Provider Taxonomy code set, please contact the NUCC by clicking the **Submit a Question** link on the right hand side of the screen. Complete the form to receive an email response. Questions will be answered within 24 to 72 hours.

13. Once the Provider Type, Classification and Area of Specialty fields have been populated, add the Begin Date by selecting the Calendar Icon. Click the **Add** button to add the taxonomy.

Add Taxonomy Classification

Please complete all the required fields and click the **Add** button.

* Provider Type:

* Classification:

* Area of Specialization:

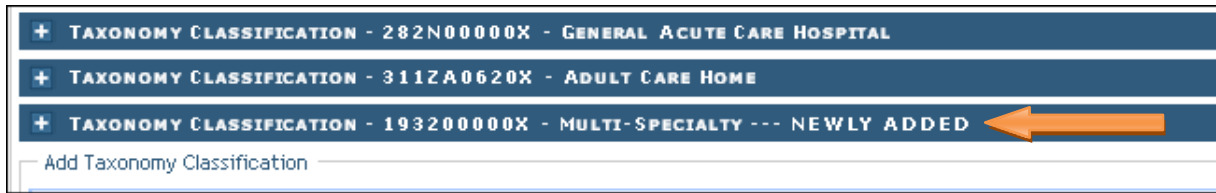
* Begin Date:

July 2013

M	T	W	T	F	S	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

Add **Clear**

14. The new taxonomy will be added at the bottom of the list with **NEWLY ADDED** indicated next to the header.



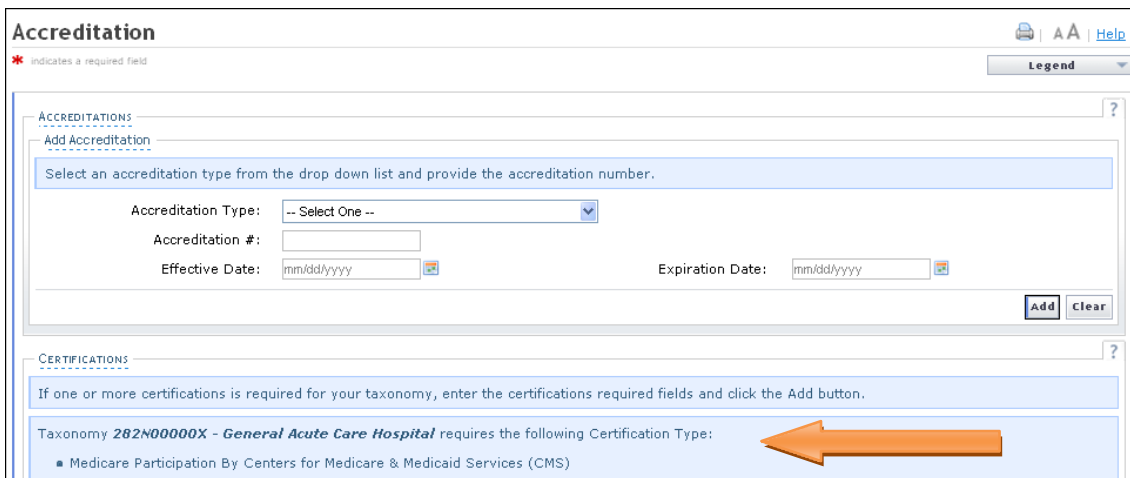
15. Click the **Next** button. Continue to click the next button through the Change Request application until you reach the Terms and Conditions page.



The **Save Draft** button will only save your progress and will not submit the Change Request for processing.



16. The Accreditation page will display. Taxonomy codes must be verified based on licenses and certifications. Verify the current licensing and certifications to ensure they align with the taxonomy codes to be added. To add an accreditation, make the appropriate selection from the drop down menu, enter the accreditation number, and Effective/Expirations dates, then click the **Add** button. Click the **Next** button at the bottom of the page, to continue.



- Click **Next** through the next several sections of the form until you reach the Sign and Submit Electronic Application page. The office administrator will enter the NCID and password, as well as the **PIN** number and click the **Submit Now** button.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Welcome, CAMERON SMITH. (Log out) | NCTracks Help

Provider Enrollment | Home | Provider Enrollment | Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefits Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCNC/CA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

Sign and Submit Electronic Application

* indicates a required field

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

* Login ID (NCID): [Forgot Login ID](#) * Password: [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

REQUIRED ATTACHMENTS

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ELECTRONIC ATTACHMENTS

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.


ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click Next through those sections.



Error Summary

Please fix the following errors before you proceed.

- Please complete all pages in this application before proceeding.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

Provider Enrollment | **Review Application** | Legend

NOTE: Data is not saved unless the 'Next' button is activated. * indicates a required field

Contact: EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCNC/CA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

Please confirm that the email address below is correct. If you don't already have one, an Electronic Signature PIN will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application. If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your data.)

Contact Email: CAMERONSMITHTRAIN@GMAIL.COM

REVIEW APPLICATION

To review your application in Adobe PDF format, click **'Review Application'** below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking **'Next'**.

Review Application

Previous Next

Please be sure to complete all required fields with valid content.

Save Draft Cancel Enrollment

PDF documents on this page require the free [Adobe Reader](#) to view and print.