

## 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

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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 <u>www.nctracks.nc.gov</u>
- 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.

| ovider Portal Login   |    |
|---|----|
| The NCTracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this<br>private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Car |    |
| By continuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insuran<br>coverage information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> pages.                                    | се |
| YOUR ACCOUNT  |    |
| All users are required to have an <u>NCID</u> to log in to secure areas.  |    |
| Passwords are case-sensitive. Please ensure your Caps Lock key is off.  |    |
| User ID (NCID): Password:   |    |
| Forgot Login Forgot Password  |    |
|   |    |
| 🔂 Log In Clear Cancel   |    |
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5. The following Providers page will display.

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| lnbox             |                |   |   |                          | All Maximum                                  |   |
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6. The **Status and Management** screen will display. There are 5 sections of the screen. Reference the next page for descriptions of each section.

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| ntact COC EVC Canton<br>Ione: 866-844-1113   | Welcome to Provider Enrollm  | ent Status and Hanazament   |   |   |   |
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## 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.

| provider accounts associated with ye<br>click ' <b>Update</b> '. | our NCID are active. Please select the account | with which you would like to sub | imit a Manage Char       | ige    |
|--|--|----------------------------------|--------------------------|--------|
| SULTS  |  |                                  |                          |        |
| NPI/Atypical ID  | Name   | ZIP Code                         | Begin Date               | Status |
|  |  |                                  |                          |        |
|  |  |                                  |                          |        |
|  |  |                                  |                          |        |
|  |  |                                  |                          |        |
|  | click 'Update'.<br>suuts                       | click 'Update'.<br>sutrs         | click 'Update'.<br>sutrs | SULTS  |

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.





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.

| Pro∨ider Enrollment  | Taxonomy Classification 😂 🗛 🖂   |
|--|---|
| NOTE: Data is not saved unless the 'Next' button is activated.   | * indicates a required field  |
| Contact EVC Center   | - School Based Health Center  |
| Organization Basic Information   | * Is your organization a School Based Health Center (SBHC)?   |
| Terms and Conditions   |   |
| Health/Benefit Plan Selection  | + TAXONOMY CLASSIFICATION - 282N00000X - GENERAL ACUTE CARE HOSPITAL  |
| Queserble Information       Addressnery       Taxonomy Classification       Accreditation       Hours of Operation       Services       Agents/Managing Employees       Facilities Information | Please select the Taxonomy the National Plan & Provider<br>If a submitted taxonomy here<br>Type, Classification - Please select a Provider Type, Classification - Please select a |
| Method of Claim/Electronic Submission  | + IAXONOMY LLASSIPICATION - 3112 A UD 2 UX - ADULT CARE HOME<br>Add Taxonomy Classification   |
|  | Please complete all the required fields and click the Add button.   |
| EFT Account Information<br>Review Application  |   |

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

| TAXONOMY CLASSIFICATION - 28 | 32N00000X - General Acute Care Hospital |
|------------------------------|---|
| Provider Type:               | HOSPITALS                               |
| Classification:              | General Acute Care Hospital             |
| Area of Specialization:      | None                                    |
| Begin Date:                  | 05/01/2012 Status: ACTIVE               |
|                              | Edit                                    |

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

| + TAXONOMY CLASSIFICATION - 28      | 32N00000X - General Acute Care Hospital |
|-------------------------------------|---|
| <b>TAXONOMY CLASSIFICATION</b> - 31 | L1ZA0620X - Adult Care Home             |
| Add Taxonomy Classification         |   |
| Please complete all the required f  | ields and click the <b>Add</b> button.  |
| * Provider Type:                    | Select One                              |
| * Classification:                   | Select One 💌                            |
| * Area of Specialization:           | Select One                              |
| <b>*</b> Begin Date:                | mm/dd/yyyy                              |
|                                     |   |
|                                     | Add Clear                               |
|                                     |   |



**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. Add Taxonomy Classification Please complete all the required fields and click the Add button. \* Provider Type: -- Select One --\* Classification: -- Select One --\* Area of Specialization: -- Select One --🗱 Begin Date: 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. Add Taxonomy Classification Please complete all the required fields and click the Add button. \* Provider Type: GROUP \* Classification: Multi-Specialty \* Area of Specialization: None -- Select One --🗱 Begin Date:



## Visit http://www.nucc.org/

| National Uniform Claim Committee  |  |                 | SEARCH<br>Search this site                   |  |
|---|--|-----------------|--|--|
| Home Announcements NUCC Structure Calendar 1500 Claim Form Annual Release of the NUCC 1500 Instruct   | Code Sets<br>Condition C<br>Provider Ch      |                 |  |  |
| July 3, 2013<br>The NUCC has released its annual, updated version of its 1500 Health Insurance<br>instruction manual, Version 9.0 7/13, goes into effect immediately and is available | Provider Ta<br>Claim Form Re<br>under the 15 | eference Instri | Code Lookup<br>More Information<br>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.

| National Uniform Cl               | aim Com  | mittee   |                              |   | Search this site   |
|-----------------------------------|--|--|------------------------------|---|--|
| Home Announcements NUCC Structure | Calendar 150   | 0 Claim Form   | Code Sets                    | Resources   |  |
| Open All Code titles with a       | code list to view thesion to search for<br>ifies you as a prove<br>DOOX [definition]<br>DOOOX [definition]<br>Providers [definition]<br>COOOX [definition]<br>DOOOX [definition]<br>DOOOX [definition]<br>DOOOX [definition]<br>DOOOX [definition]<br>efinition]<br>h - 1223DOOO1X<br>logist - 1223DOO13<br>SEO200X [definition] | ie more detailec<br>values. Taxono<br>vider.<br>ition]<br>00000X [definition]<br>(definition]<br>04X [definition]<br>on] | l codes. Use<br>my codes are | left<br>defi<br>add<br>sela<br>If yo<br>to n<br>• <u>Si</u> | king a (definition) link to the<br>displays code value<br>nitions, when available, and<br>itional information about the<br>cted code in this space.<br>ou are unable to find a code<br>neet your need:<br><u>ubmit a Ouestion</u><br>ore 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 Specially 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 fi | elds and click the <b>Add</b> button.   |
| * Provider Type:                    | GROUP   |
| * Classification:                   | Mutti-Specialty   |
| * Area of Specialization:           | None  |
| 🗰 Begin Date:                       | 07/10/2013  |
|                                     | Image: Wight of the state of the |
|                                     | 1 2 3 4 5 6 7   |
|                                     | 8 9 10 11 12 13 14  |
|                                     | 15 16 17 18 19 20 21  |



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.

| Diasce he cure | Next »            |
|----------------|-------------------|
| Save Draft     | Cancel Enrollment |

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.

| Accreditation  |           |
|--|-----------|
| k indicates a required field   | Legend 🔻  |
| Accrepitations<br>Add Accreditation<br>Select an accreditation type from the drop down list and provide the accreditation number.                                      | ?         |
| Accreditation Type: Select One  Accreditation #: Effective Date: mm/dd/yyyy  Expiration Date: mm/dd/yyy  | yy Z      |
|  | Add Clear |
|  | ?         |
| If one or more certifications is required for your taxonomy, enter the certifications required fields and click the Add butto  | in.       |
| Taxonomy 282N00000X - General Acute Care Hospital requires the following Certification Type:  Medicare Participation By Centers for Medicare & Medicaid Services (CMS) |           |



17. 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.

| Net   | 🔒 Welcome, CAMERON SMITH. (Log out)   |
|---|---|
|   | NCTracks Help   |
| Provider Portal                                     | Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms  |
| • Home • Provider Enrollment • Online Provider En   | ollment Ap  |
| Pro∨ider Enrollment                                 | Sign and Submit Electronic Application  |
| NOTE: Data is not saved unless the 'Next' button is | * indicites a required field  |
| Contact EVC Center                                  | 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   |
| Organization Basic Information                      | documentation.  |
| Terms and Conditions                                | CELECTRONIC SIGNATURE CONFIRMATION  |
| Health/Benefit Plan Selection                       | Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the   |
| Ownership Information                               | documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the<br>date this electronic document is submitted. I do hereby attest that any faisification, omission, or concealment of material fact may subject me to  |
| Addresses   | administrative, civil, or criminal liability.   |
| Taxonomy Classification                             | * Login ID (NCID): *Password:   |
| Accoreditation                                      | Forgot Login ID Forgot Password   |
| CCNC/CA   |   |
| Physician Extender Participation                    |   |
| Hours of Operation                                  | If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please<br>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   |
| Services  | click Next on the Basic Information page to store your change.)   |
| Agents/Managing Employees                           | <ul> <li>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.</li> </ul>   |
| Facilities Information                              |   |
| Method of Claim/Bectronic Submission                | Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.  |
| FFT Account Information                             |   |
| Review Application                                  | * PIN: Forgot PIN   |
|   | 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  |
|   |   |
|   | 7   |
|   | ELECTRONIC ATTACHMENTS  |
|   | Please attach no more than <b>10 files</b> for a total of <b>25 MB</b> or less.<br>The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image<br>(TIFF, JPEC, GIF, PNG).<br>Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.<br>No files have been uploaded. |
|   | Browse Add  |
|   |   |
|   | 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.  |
|   | Submit How  |
|   | L   |
|   | ({ Previous   |



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.



| Provider Portal  | Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms   |  |  |
|--|--|--|--|
| Home      Provider Enrollment      Online Provide              | r Enrollment Ap  |  |  |
| Pro∨ider Enrollment  | Review Application 😂 🗛 🖽   |  |  |
| NOTE: Data is not saved unless the 'Next' button is activated. | * indicates a required field   |  |  |
| Contact EVC Center   | ELECTRONIC SIGNATURE - EMAIL CONFIRMATION  |  |  |
| Organization Basic Information                                 | Itease confirm that the email address below is correct. If you dont already have one, an Electronic Signature PIN will be sent to this address upon  |  |  |
| Terms and Conditions   | bmitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.  |  |  |
| Health/Benefit Plan Selection                                  | 1 a 16 the email below is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to dok Next on the Basic Information page to the year)  |  |  |
| Ownership Information  |  |  |  |
| Addresses  | Contact cinals, careconsisting and an analysis and a second and a se |  |  |
| Taxonomy Classification  | Review Application   |  |  |
| Accorditation  | To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required information for your   |  |  |
| CCNC/CA  | provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application<br>page by clickina" Next".   |  |  |
| Physician Extender Participation                               |  |  |  |
| Hours of Operation   | Review Application 🔎   |  |  |
| Services   |  |  |  |
| Agents/Managing Employees                                      | (K Previous Design of the set of complete all Next 3   |  |  |
| Facilities Information   |  |  |  |
| Method of Claim/Bectronic Submission                           | Save Draft Cancel Enrollment   |  |  |
| EFT Account Information  | > PDF documents on this page require the free Adobe Reader to view and print.  |  |  |
| Review Application   | The documents on any page require the new <u>request</u> to view and prints  |  |  |