207ZP0105X CLINICAL PATHOLOGY/LABORATORY MEDICINE Healthcare Provider Taxonomy Code Set

The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers.

207ZP0105X Clinical Pathology/Laboratory Medicine Physician

Taxonomy Code	207ZP0105X
Status	Active
Level	Level III Area of Specialization
Short Name	Clinical Pathology/Laboratory Medicine
Full Name	Clinical Pathology/Laboratory Medicine Physician
Level I, Provider Grouping	Allopathic & Osteopathic Physicians
Level II, Classification	Pathology
Description	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.
Additional Information	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.

The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions. That Code Set is available from the Washington Publishing Company. The Code Set is maintained by the National Uniform Claim Committee. The Code Set is a Health Insurance Portability and Accountability (HIPAA) standard code set. As such, it is the only code set that may be used in HIPAA standard transactions to report the type/classification/specialization of a health care provider when such reporting is required.

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