2081P0004X SPINAL CORD INJURY 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.

2081P0004X Spinal Cord Injury Medicine Physician

Taxonomy Code	2081P0004X
Status	Active
Level	Level III Area of Specialization
Short Name	Spinal Cord Injury Medicine
Full Name	Spinal Cord Injury Medicine Physician
Level I, Provider Grouping	Allopathic & Osteopathic Physicians
Level II, Classification	Physical Medicine & Rehabilitation
Description	A physician who addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunction by working in an interdisciplinary manner. Care is provided to patients of all ages on a lifelong basis and covers related medical, physical, psychological and vocational disabilities and complications.
Additional Information	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. ACGME Accredited Residency Program Requirements: 1 year of training with 3-5 years in relevant specialty for a total of 4-6 years. ABMS Approved Subspecialty Certificate: (Physical Medicine and Rehabilitation)

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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