

# Provider Notice



**From:** Magellan Healthcare

**Subject:** Update: Correct taxonomy code placement for CMS-1500 claims

## Overview

On Feb. 25, 2026, Magellan sent a communication regarding taxonomy codes required on claims beginning April 1, 2026.

There has been an update to the placement of the taxonomy code on CMS-1500 paper claims, specifically Box 33B. Providers should submit claims using the corrected format below.

The next version of the Idaho Behavioral Health Plan Provider Handbook Supplement will reflect this updated guidance. We apologize for any confusion.

This communication also includes:

- Examples showing where to add taxonomy codes on CMS-1500 and UB-04 paper claims
- Guidance for submitting taxonomy codes for electronic claims
- Instructions for viewing or adding taxonomy codes in Availity Essentials

### Reminder:

For services billed under supervisory protocol, you must submit the supervisor's name, NPI and taxonomy code.

### Please note:

Beginning April 1, 2026, claims submitted without the required taxonomy codes may be denied or delayed for payment.

Ensure the taxonomy code you submit on each claim matches the provider's primary BH taxonomy that is registered with NPPES.

## Institutional claims

### Electronic claims (837I)

- **Loop 2000A / Segment PRV:** Billing provider taxonomy code

### Paper claims (UB-04) (CMS-1450)

- **Field 81:** Billing provider taxonomy code with B3 qualifier

74 ADMIT DK	F1120	75 FREQUENT REASON DK	F1120	76 TYPE CODE		77 BID		78 ATTENDING	NP	1234567890	QUAL	
74	PRINCIPAL PROCEDURE CODE	75	OTHER PROCEDURE CODE	76	OTHER PROCEDURE CODE	77		LAST	Doe	FIRST	John	
78	OTHER PROCEDURE CODE	79	OTHER PROCEDURE CODE	80	OTHER PROCEDURE CODE	81		LAST		FIRST		
82	OTHER PROCEDURE CODE	83	OTHER PROCEDURE CODE	84	OTHER PROCEDURE CODE	85		LAST		FIRST		
86	REMARKS							78 OTHER	NP		QUAL	
								LAST		FIRST		
								79 OTHER	NP		QUAL	
								LAST		FIRST		

UB-94 CMS-1480 OMB APPROVAL PENDING THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

## Professional claims

### Electronic claims (837P)

Do not leave taxonomy fields blank.

- **Loop 2000A / Segment PRV:** Billing provider taxonomy code
- **Loop 2310B / Segment PRV:** Rendering provider taxonomy code

If your provider type does not require a rendering provider, only the billing provider taxonomy is required.

### Paper claims (CMS-1500)

- **Box 24I (shaded):** ZZ qualifier
- **Box 24J (shaded):** Rendering provider taxonomy code
- **Box 33B:** Billing provider taxonomy code with ZZ qualifier

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) QUAL	15. OTHER DATE (MM/DD/YY) QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM/TO) (MM/DD/YY)
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a) (17b) NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO) (MM/DD/YY)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUBC) Alternate location for Taxonomy if needed, include ZZ qualifier
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (ICD-9-CM) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L)	22. REGISTRATION CODE ORIGINAL REF. NO.	23. PRIOR AUTHORIZATION NUMBER
24. A. DATES OF SERVICE (From/To) (MM/DD/YY) (MM/DD/YY) (B) PLACE OF SERVICE (C) EMG (D) PROCEDURES, SERVICES, OR SUPPLIES (E) DIAGNOSIS POINTER (F) CHARGE	25. FEDERAL TAX ID NUMBER (Tax ID) (SSN) (EIN)	26. PATIENT'S ACCOUNT NO.
01/01/26 01/01/26 11 H2017 1 100.00 6	27. ACCEPT ASSIGNMENT? (YES/NO)	28. TOTAL CHARGE (0.00)
29. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE OR CREDENTIALS) (I certify that the statements on the reverse apply to this bill and are made a part hereof.)	30. SERVICE FACILITY LOCATION INFORMATION (Service Facility Address)	31. BILLING PROVIDER INFO & PI# (Billing Provider Physical Address, NO PO Box)
32. SIGNATURE OF RENDERING PROVIDER (DATE)	33. SERVICE FACILITY NPI (3456789012)	34. BILLING TAXONOMY (ZZ202YZ0000X)
35. BILLING NPI (2345678901)	36. BILLING TAXONOMY (ZZ202YZ0000X)	37. BILLING TAXONOMY (ZZ202YZ0000X)

NUCC Instruction Manual available at www.nucc.org PLEASE PRINT OR TYPE APPROVED CMS-0939-1197 FORM 1500 (06-12)

## Availty Essentials users

**Admin user:** Under “Manage my Organization,” be sure your taxonomy code is listed with your organization information. You may add it manually if needed.

**Submitting claims:** In the “Billing Provider Information” section, when selecting your “Organization / Last Name” from the drop down, the taxonomy will auto populate in the “Specialty Code” field. If it doesn’t, you can manually add it there.

## Questions?

Please contact Magellan at [IdahoProvider@MagellanHealth.com](mailto:IdahoProvider@MagellanHealth.com).