

UHC Community Plan of NY- Requiring NPI and taxonomy codes as of August 1, 2024

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United Healthcare announced today that beginning on August 1, 2024, claims must include both an NPI and taxonomy code to be processed.

Here is the announcement from UHC:

<https://www.uhcprovider.com/en/resource-library/news/2024/ny-medicaid-npi-number-taxonomy-codes-required.html?cid=em-provider-news-2024nmb2-Jul24>

To add the taxonomy code so it prints in either 24J (individual) or box 33B (group) on your claims, navigate to **Billing > Insurance Setup**.

1. To print in box 24J (individual)
 - a. Add taxonomy to the "Individual Provider #" box
 - b. Select "taxonomy" from the Individual provider number qualifier
2. To print in box 33B (group)
 - a. Add taxonomy to the "Group Provider #" box
 - b. Select "taxonomy" from the Group provider number qualifier

Once entered, click **Save**.

Add/Edit Payer



Payer name	<input type="text"/>	Send insured signature	<input type="checkbox"/>
Payer id	<input type="text"/>		<input type="checkbox"/>
Insurance plan type	<input type="text"/>		<input type="checkbox"/>
Specialty	-Same as Account Settings -	Send facility provider number	<input type="checkbox"/>
Billing npi	<input type="text"/>		<input type="checkbox"/>
Eligibility npi	<input type="text"/>	Send facility information ⓘ	<input type="checkbox"/>
Provider name	Practice Name (None)	Processing days	<input type="text" value="30"/>
Tax id number	<input type="text"/>	Referring doctor	<input type="text"/>
Group Provider #	<input type="text"/>	Ordering doctor	<input type="text"/>
Group provider number qualifier	-- Qualifier --	Rendering taxonomy code	<input type="text"/>
Individual Provider #	<input type="text"/>	Billing taxonomy code	<input type="text"/>
Individual provider number qualifier	-- Qualifier --	Payer grouping	<input type="text"/>
Balance billing	No	Print license numbers in hcfa	<input type="checkbox"/>
Filing limit days	<input type="text"/>		<input type="checkbox"/>
Accept assignment	<input checked="" type="checkbox"/>	Do not bill patients for balance	<input type="checkbox"/>

Print insured person signature in box #13 in HCFA form authorizing insurance payments to billing provider

Print Office Facility Provider Number in box #32b in HCFA form

Print license number on Procedures lines and box #31 in HCFA form

Close Save