Aetna Better Health® of Texas

P.O. Box 569150 Dallas, Texas 75356-9150



<Date>

<Name>
Medical Practice Billing Manager
<Address>
<City, State Zip Code>

Aetna Better Health® of Texas

Claim Filing Instructions Change Notice – Provider Taxonomy

Dear Participating Provider,

Effective 7/1/2019, Aetna Better of Health of Texas will require rendering and billing taxonomies on the claims submitted electronically or via paper.

| Required Data Element | Paper CMS 1500 | Electronic – CMS 1500 |
|---------------------------|----------------------------|----------------------------|
| Billing Provider Taxonomy | Box 33b with qualifier ZZ | Loop ID – 2000A |
| | | Segment – PRV03 |
| Rendering Provider | Box 24j - shaded area with | Loop ID – 2310B |
| Taxonomy | qualifier ZZ in 24i | Segment – PRV03 |
| | | |
| | | Loop ID – 2420A |
| | | Segment – PRV03 |
| Required Data Element | CMS 1450 (UB-04) | Electronic – CMS 1450 (UB- |
| | | 04) |
| Billing Provider Taxonomy | Box 81CC with qualifier B3 | Loop ID – 2000A |
| | | Segment – PRV03 |
| Rendering Provider | Not Applicable (n/a) | Not Applicable (n/a) |
| Taxonomy | | |

If these data elements are missing or invalid, claim will be rejected with a remit message of:

N255 – if billing taxonomy is invalid or missing

N288 - if rendering taxonomy is invalid or missing

Provider taxonomy (rendering and billing) will be considered invalid if the submitted taxonomy is not one of the taxonomies with which the provider record is enrolled with Texas Medicaid & Healthcare partnership (TMHP). It is critical that the taxonomy code selected as the primary or secondary taxonomy code during a provider's enrollment with TMHP is included on all electronic and paper transactions.

Note that rejected claims do not count as clean claims; please ensure that claims are submitted within 95 days from the date of service. Per the HHSC contract requirements, a clean claim must have all the necessary data for the claim processor to adjudicate and accurately report the claim. A Clean Claim must meet all the requirements for accurate and complete data as defined in the appropriate claim type encounter guides.

For any questions please reach out to Provider Relations at:

Medicaid STAR CHIP Medicaid STAR Kids

Bexar: **1-800-248-7767** Bexar: **1-866-818-0959** Tarrant: **1-844-787-5437** Tarrant: **1-800-306-8612** Tarrant: **1-800-245-5380**