Aetna Better Health® of Texas

Claim Submission Instructions Change Notice – Service Facility Address on NICU Claims

Effective 4/1/2020, Aetna Better of Health of Texas will require all facilities submitting claims for neonatal care with revenue codes – 0172, 0173 and 0174 to submit the billing/service facility address on the claim as an <u>EXACT</u> match to what the facility has registered with TMHP.

Either the billing provider address or the service address (details in table below) must be an **exact** match:

Required Data Element	Electronic Claim (837I)	Paper Claim Form
Billing Provider Address	Loop 2010AA	Field Location - 1
	NM1 – Billing Provider Name	
	N3 – Billing Provider Address	
	N4 – City, State and Zip	
Service Facility Address	Loop 2310E	Field Location – 80 Remarks:
	NM1 – Service Facility	Enter the Service Facility
	Location Name	Location Name, Address,
	N3 – Service Facility Address	City, State and Zip
	N4 – City, State and Zip	

If these data elements are missing or invalid, claim lines related to the NICU stay will be **DENIED** with a remit message of:

N294 - MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY ADDRESS

Please refer to the Inpatient and Outpatient Hospital Services Handbook of the Texas Medicaid Provider Procedures Manual (TMPPM) 3.7.3.7 Other Requirements which establish that "the submitted facility address on the claim must match the physical address of the location that has been issued a neonatal level of care designation. If the facility address is not included on the claim, the submitted billing address must match the physical address of the location that was issued a neonatal level of care designation." For more information on address updates, providers can refer to DSHS website.

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**