Aetna Better Health® of New Jersey
3 Independence Way, Suite 104
Princeton, NJ 08540

aetna™

September 14, 2023

Notice of New Aetna Better Health® of New Jersey Medicaid Claims and Encounters Front End Edits

As of 08/01/2023, Aetna Better Health® of New Jersey is change its existing taxonomy requirement denial edits and will move these edits to the EDI Gateway, as rejections. Aetna Better Health® will require a taxonomy code on each claim submitted having NPI's submitted in the following Provider Loops:

- Billing 2000A-PRV/Box 33b on CMS-1500/Box 81a on the UB-04,
- Rendering 2310B-PRV/Box 24J Shaded, (needed when different from the Billing Taxonomy)
- Attending 2310A-PRV/Box 76 UB-04 providers having NPI's.

  Note: Providers submitting paper claims should use the **ZZ** qualifier to identify the taxonomy cited in the paper claim form boxes above.

Claims not having a taxonomy for the associate NPI in the Billing Loops submitted will be rejected. Please follow the taxonomy billing guidelines outlined in:

- www.wpc-edi.com when submitting EDI 837I/837P Claims
- www.nucc.org when submitting Professional CMS-1500 Claim Forms
- www.nubc.org when submitting Institutional UB-04 Claim Forms

To avoid claims adjudication rejections, billers should compare the identification values on the claim to the information registered with State of New Jersey for accuracy via https://www.njmmis.com/providerDirectory.aspx

Alignment to identification values as listed below are imperative to timely adjudication:

- Billing: NPI, Taxonomy, Billing Address (ZIP -5 or ZIP -9),
- Rendering: NPI, Taxonomy (if Rendering is different from Billing Provider),
- Attending: NPI, Taxonomy
- Provider Type
- Provider Specialty
- If Atypical, ensure the Medicaid ID is registered and effective for the date of service, Billing Address (ZIP -5 or ZIP -9)

If you have any questions about our claim submission processes, please contact our Claims

Aetna Better Health® of New Jersey
3 Independence Way, Suite 104
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Inquiry/Claims Research (CICR) Department by calling **1-855-232-3596.**

Thank you,
Provider Relations
Aetna Better Health® of New Jersey
aetnabetterhealth.com/new-jersey

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Paper CMS-1500 (02-12) Guideance:

Submit Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

CARRIER

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

ZZ

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.

33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* APPROVED OMB-0938-1197 FORM 1500 (02-12)

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Paper UB-04 Guideance:

1 | 2 | 3a PAT. CNTL # | b. MED. REC. # | 4 TYPE OF BILL
5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM THROUGH | 7
8 PATIENT NAME a b | 9 PATIENT ADDRESS a b c d e
10 BIRTHDATE | 11 SEX | ADMISSION 12 DATE 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACDT STATE | 30
31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37
38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT
42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49
PAGE ____ OF ____ | CREATION DATE | TOTALS | 0.00 | 0.00
50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID
58 INSURED'S NAME | 59 P. REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME
66 DX | 67 A B C D E F G H | I J K L M N O P Q | 68
69 ADMIT DX | 70 PATIENT REASON DX a b c | 71 PPS CODE | 72 ECI a b c | 73
74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75 | 76 ATTENDING NPI QUAL LAST FIRST
c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE | 77 OPERATING NPI QUAL LAST FIRST
80 REMARKS | 81CC a b c d | 78 OTHER NPI QUAL LAST FIRST | 79 OTHER NPI QUAL LAST FIRST

ZZ

ZZ

EDI 837I/837P Guidance:

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SEGMENT DETAIL

PRV - BILLING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. **P0203**
If either PRV02 or PRV03 is present, then the other is required.

Loop: **2000A — BILLING PROVIDER HIERARCHICAL LEVEL**

Segment Repeat: **1**

Usage: **SITUATIONAL**

Situational Rule: **Required when the payer's adjudication is known to be impacted by the provider taxonomy code.**
If not required by this implementation guide, do not send.

TR3 Example: **PRV*BI*PXC*207Q00000X~**

DIAGRAM

SEGMENT DETAIL

PRV - RENDERING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. **P0203**
If either PRV02 or PRV03 is present, then the other is required.

Loop: **2310B — RENDERING PROVIDER NAME**

Segment Repeat: **1**

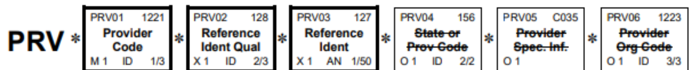
Usage: **SITUATIONAL**

Situational Rule: **Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.**

TR3 Notes: **1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.**

TR3 Example: **PRV*PE*PXC*1223G0001X~**

DIAGRAM



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SEGMENT DETAIL

PRV - ATTENDING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. **P0203**
If either PRV02 or PRV03 is present, then the other is required.

Loop: **2310A — ATTENDING PROVIDER NAME**

Segment Repeat: **1**

Usage: **SITUATIONAL**

Situational Rule: **Required when adjudication of the destination payer, or any subsequent payer listed on this claim, is known to be impacted by the attending provider taxonomy code. If not required by this implementation guide, do not send.**

TR3 Example: **PRV*AT*PXC*208D00000X~**

DIAGRAM