

Aetna Better Health® of Kentucky
9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223



06/02/2023

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

The Kentucky Department of Medicaid Services is required by the United States Code of Federal Regulations 42 CFR § 438 Subpart H to verify that all providers, provider groups, and affiliations who wish to provide services to Medicaid participants have their enrollment verified for the service date. This mandate applies to contracted Managed Care Organizations (MCOs), as well [438.6 (b)(1) and 438.6(b)(2)]. The Kentucky Department of Medicaid Services requires contracted MCOs to verify that all providers, provider groups, and their affiliates who wish to provide services to Medicaid participants have their provider network enrollment completed and verified prior to rendering date(s) of service.

Active enrollment on the Kentucky Medicaid Provider Enrollment Portal will be enforced by Aetna Better Health® of Kentucky (“the Health Plan”), effective **June 1, 2023**. In accordance with state rules and edits, the Health Plan will begin rejecting EDI claim submissions and denying Paper claim submissions when a unique and effective Medicaid ID for the billing provider and/or rendering provider cannot be found on the State’s provider enrollment portal.

Providers of Aetna Better Health® of Kentucky Medicaid patients must be registered with the State of Kentucky’s Department of Medicaid Services using their National Provider Identifier (NPI), Taxonomy Code and Billing address. Registration must occur prior to rendering services to the plan’s membership. Atypical providers are not required to have a National Provider ID (NPI). The Health Plan will perform edits based on the Medicaid ID submitted using the G2 qualifier in the 2010BB billing loop (REF01=G2/REF02=KMAP_ID).

For each rejected EDI claim, Aetna Better Health® of Kentucky will send the appropriate 277CA claim status response. For each denied Paper Claim, the plan will send electronic or paper remittance advice (835/EOP) indicating the reason the claim was denied. To avoid claim delays, rejections or denials providers should compare the identification values on the claim to the information registered with State of Kentucky for accuracy, such as:

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

Here is the link and contact information to the Kentucky Department of Medicaid Services Provider Portal - [New Enrollment, Revalidation or Maintenance - Cabinet for Health and Family Services \(ky.gov\)](#). Or we encourage providers to call 1- (877) 838-5085 for additional information.

In addition, Aetna Better Health® of Kentucky will require a taxonomy code on each claim submitted with Billing, Rendering, Referring or Attending providers having NPI's. Please follow the 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

General Taxonomy Billing Guidance

EDI Submitters

- Aetna Better Health is requiring taxonomy submissions in:
 - Professional Claim: Loop and Segment 2000A-PRV or Loop and Segment 2310B-PRV or
 - Institutional Claim: Loop and Segment 2000A-PRV

Paper CMS-1500 (v02-12) Forms

- Aetna Better health will require Taxonomy Codes in either Box 24J Shaded area or Box 33

Billing Provider Taxonomy: Box 33B

Organization Name 1st line Street Add (2nd line) Suite (3rd line) and City, state and Zip (Last Line)	
10 digit NPI	ZZ Taxonomy 10#s

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Rendering Provider Taxonomy: Box 24 J Shaded Area

G. DAYS OR UNITS	H. UNIT TYPE	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	K. IER INFORMATION
		ZZ	Taxonomy 10#s	
		NPI	10 digit NPI	
		NPI		

- Aetna Better Health highly encourages Taxonomy be submitted in Box 17a with the “ZZ” qualifier when submitting Referring Provider information as seen below.

Referring Provider Taxonomy: Box 17a

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. ZZ Taxonomy 10#s
DN Referring Prov LName, FName		17b. NPI 10 digit NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Paper UB-04 Forms

- Aetna Better health will require Taxonomy Codes in **Box 81 is the “B3” qualifier as seen below.**

81CCA a	B3	Taxonomy Code	
		b	
		c	
		d	

B-0997

NUBC National Uniform Billing Committee

- In addition, Aetna Better Health highly encourages Taxonomy be submitted in **Box 76 with the “ZZ” qualifier** when submitting Attending Provider information as seen below.

76 ATTENDING	NPI	QUAL	ZZ	Taxonomy Code
LAST		FIRST		

If you have any questions about our claim submission process, please contact the Aetna Better Health® of Kentucky Claims Inquiry/Claims Research (CICR) Department by calling 1-855-300-5528.

Thank you,
 Provider Relations
 Aetna Better Health of Kentucky®
www.aetnabetterhealth.com/kentucky
 KY-2023-05-01