AETNA BETTER HEALTH® OF PENNSYLVANIA
AETNA BETTER HEALTH® KIDS

February 20, 2019

837 I/P Taxonomy Requirement

Dear Aetna Better Health Provider:

DHS requires all Medicaid and CHIP providers to have a PROMISe ID for EACH location where you see Medicaid and CHIP patients. Starting July 1, 2019 per CMS and DHS requirements, claims submitted without the correct service location will be denied.

Consistent with the DHS new PROMISe and service location requirements, effective immediately, providers billing CMS1500/837P and UB-04/837I submissions for Medicaid/CHIP patients enrolled in with Aetna Better Health of Pennsylvania must bill with the appropriate taxonomy code for rendering, attending and billing providers. There must be a valid 10-alpha/numeric taxonomy code consistent with the provider's specialty and services being rendered for appropriate claim adjudication.

Professional Claims – CMS1500/837P Taxonomy guidance:

837P:
❑ When the **rendering** provider is the individual who submitted the claim, submit the rendering provider's taxonomy in the 2310B loop within the PRV segment.
❑ When the rendering provider is the same entity as the billing provider, the rendering provider loop should be omitted and the taxonomy should be submitted in 2000A loop with the PRV segment.
❑ Please refer to the 5010 electronic implementation guide for further clarification or questions.

CMS1500:
❑ Box 24I shaded = the qualifier ZZ
❑ Box 24J shaded = rendering provider taxonomy
❑ Box 33B = billing provider qualifier and taxonomy. Enter the two-digit qualifier – ZZ followed by the taxonomy. Do not enter a space, hyphen, or other separator between the qualifier and taxonomy

Institutional Claims (next page)

Institutional Claims – CMS1450/837I Taxonomy guidance:

837I:
- ❑ Billing provider taxonomy should be submitted in 2000A loop with the PRV segment.
- ❑ Attending provider taxonomy should be submitted in 2310A loop within the PRV segment.
- ❑ Please refer to the 5010 Electronic implementation guide for further clarification or questions.

CMS1450:
- ❑ FL81 = Billing provider qualifier and taxonomy. Enter the two-digit qualifier – B3 followed by the taxonomy in the adjacent box.
- ❑ FL76 = Attending provider qualifier and taxonomy. Enter the two-digit qualifier – B3 followed by the Taxonomy in the adjacent box.

Questions?

Please contact our Provider Relations department at **1-866-638-1232** with any questions about this taxonomy requirement.

Thank you for the quality care you give our members.

Sincerely,

Provider Relations