Aetna Better Health® of Texas
PO Box 818042
Cleveland, OH 44181-8042

Aetna Better Health® of Texas
SNIP Types 5 and 6 Enhanced Editing Implementation

Aetna is implementing the Edifecs Smart Trading platform to serve as the Medicaid Gateway for all incoming claim transactions allowing us to administer robust, flexible and advanced industry standard SNIP (Strategic National Implementation Process) type edits and generate EDI (Electronic Data Interchange) acknowledgement files for the submitters.

Currently, Smart Trading is in production for SNIP Types 1 – 4 edits on all inbound Medicaid claim transactions. We are implementing a change to be able to administer the full set of SNIP Types 5 – 6 as rejectable levels.

Impact and Benefits of Enhanced SNIP Type Validation and Edits

Through the implementation of Edifecs Smart Trading, Aetna will be able to alleviate provider abrasion resulting from downstream encounter rejections, which have caused prior rework and unpredictable cash flows. Claims will be validated against a more comprehensive set of rules, reducing the risk of later denials and delays.

The benefits of enhanced SNIP type validation and edits are that they support the review of provider claims submission with the initial electronic intake, reduce intake errors, lessen the need for manual tasks and streamline workflows. They also help eliminate human errors with data input, speed up the time in which a claim is adjudicated and payment is made to a provider.

We are making you aware that this change will be effective **February 18, 2027.**

Provider claim submission processes will NOT be affected by this change.

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At a high-level, SNIP Types 1 through 6 edits include the following types of testing:

- Type 1 EDI standard integrity testing, which validates the basic syntax integrity of the EDI file submission.
- Type 2 HIPAA implementation guide requirement testing, which involves testing the file for HIPAA implementation guide-specific syntax requirements.
- Type 3 HIPAA balance testing, which involves testing that the claim line amounts equal to the total claim amount.
- Type 4 HIPAA inter-segment situation testing, which involves validating situations described in the HIPAA implantation guide specific to "IF, THEN" situations. Example, if the claim submitted is for an accident, then the accident date must be present on the claim.
- **Type 5** External code set testing, which validates and ensures proper usage of external code sets, such as ICD-10-CM diagnosis code, CPT/HCPCS code, NDC Code Sets, and others.
- **Type 6** Product types or line of services testing, which includes healthcare specialized services (ambulance, chiropractic, etc.). This ensures that the segments (records) of data that differ based on certain healthcare services are properly created and processed into claims data formats.

If you have questions about this change or the claim submission process, please contact:

Provider Relations
1-800-248-7767 (Bexar area) and 1-800-306-8612 (Tarrant area)