

Aetna Better Health® of Michigan

28588 Northwestern Hwy, Suite 380B
Southfield, MI 48034
1-866-316-3784



Aetna Better Health® of Michigan

October 2, 2024

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

Consistent with 42 CFR 431.51(c)(2), 42 CFR 455.452, and pursuant to Michigan's Social Welfare Act (Public Act 280 of 1939 [MCL 400.111e]), Aetna Better Health® of Michigan is required to ensure providers comply with all licensing laws and regulations applicable to the provider's practice or business in Michigan and proper exclusion of participation in the Medicaid program when identified on the state or federal sanction or exclusion lists. Out-of-state providers must be licensed and/or certified by the appropriate standard-setting authority in the state in which they practice. Further, some providers must also be certified as meeting Medicare, or other standards as specified by the Michigan Department of Health and Human Services (MDHHS).

MDHHS requires contracted Medicaid Health Plans to verify that all providers, provider groups, and their affiliates who provide services to Michigan Medicaid beneficiaries have their enrollment approved through the on-line MDHHS CHAMPS Provider Enrollment subsystem to be reimbursed for covered services rendered to eligible Medicaid beneficiaries. Providers with enrollment questions can contact MDHHS Provider Support at 1-800-292-2550, Option 4, or visit <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment>

Active enrollment on the Michigan Medicaid Provider Enrollment Portal at the time of service is required. Providers must be registered using their National Provider Identifier (NPI), Taxonomy Code Service Address and Billing address, Provider Specialty, and Provider Affiliations (when applicable). Aetna Better Health® of Michigan will reject claim submissions when a unique and effective Medicaid ID for the billing provider and/or rendering provider cannot be found as enrolled on the State's provider enrollment portal. Edits will be performed based on the Medicaid ID submitted using the G2 qualifier in the 2010BB billing loop (REF01=G2/REF02=CHAMPS_ID). Atypical providers are not required to have a NPI. Atypical enrollment details can be located at <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment/data/pe-pages/step-by-step-enrollment-guides/atypical>

For each rejected EDI (837I/837P) claim, Aetna Better Health® of Michigan will send a remittance advice via electronic remittance (277CA) indicating the reason the claim was rejected. For each denied paper claim, Aetna Better Health® of Michigan will send a remittance advice via paper or an

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835 electronic remittance indicating the reason the claim was denied. To avoid claim delays or denials, providers should ensure the NPI, Taxonomy, Practice address Zip9, Billing address Zip9 and Practice Type on the claim match the information registered with CHAMPS.

The clean claim edits will reject EDI claims and deny paper claims when an effective Medicaid ID cannot be found on the CHAMPS registry for any of the following provider categories:

Professional Claims - 837P or CMS-1500	Institutional Claims - 837I or UB04
Billing Provider 2010AA/Box 33A	Billing Provider 2010AA or Box 56
Rendering Provider 2310B/2420A or Box 24J	Attending Loop 2310A or Box 76
Referring Provider 2310A/2420F or Box 17B with DN Qualifier	Referring Loop 2420D/2310F or Box 77
Ordering/Prescribing Provider 2420E or Box 17B with DK Qualifier	Operating Loop 2420A/2310B or Box 78
Supervising Provider 2310D/2420D or Box 17B with DQ Qualifier	Other Operating Loop 2420B/2310C or Box 79

Providers are responsible for resolving any State registration issues and are not permitted to balance bill the Medicaid beneficiary.

Taxonomy Codes

Aetna Better Health® of Michigan will also require a taxonomy code on each claim submitted with Billing, Rendering, Referring or Attending providers having NPIs. Please follow the billing guidelines outlined in the below references:

- 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

The last page of this notice provides some **general taxonomy** billing guidance based on the sources cited above.

If you have any questions about our claim submission process, please contact the Aetna Better Health® of Michigan Claims Inquiry/Claims Research (CICR) Department at 1-866-316-3784.

Thank you,
Provider Relations
Aetna Better Health of Michigan®
www.aetnabetterhealth.com/michigan

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Taxonomy Codes Billing Guidelines

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

Q. DATE OF SERVICE	R. ICD-9-CM PROC. CODE	S. ICD-9-CM QUAL.	T. RENDERING PROVIDER ID. #
		ZZ NPI	Taxonomy 10#s 10 digit NPI
		NPI	

REFERRING PROVIDER INFORMATION

Aetna Better Health highly also 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:**

81CC	B3	Taxonomy Code
a		
b		
c		
d		

8-0997 **NUBC** National Uniform Billing Committee

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

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Y6 ATTENDING	NPI	QUAL	ZZ	Taxonomy Code
LAST		FIRST		