



Aetna Better Health® of Virginia

Provider Registration Requirements Reminder

Dear Provider:

The Virginia Department of Medical Assistance Services (DMAS) is required by the United States Code of Federal 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. This requirement also applies to contracted Managed Care Organizations (MCOs) [aligns to rules 438.6 (b)(1) and 438.6(b)(2)].

The Affordable Care Act (ACA) and related regulations at 42 CFR 455, imposed requirements on state Medicaid agencies (SMAs), and Children's Health Insurance Programs (CHIP) to enhance their provider enrollment and screening practices. State Medicaid/CHIP agencies and providers must comply with these federal regulations and the Centers for Medicare and Medicaid Services (CMS) Medicaid Provider Enrollment Compendium (MPEC). In addition, under Section 5005(b)(2) of the 21st Century Cures Act, DMAS must require that a provider in a managed care network is enrolled with Virginia Medicaid/CHIP consistent with section 1902(kk) of this Title.

DMAS requires contracted MCOs to verify that all Providers, Provider Groups, and their affiliates who wish to provide services to Medicaid participants have their Medicaid Enterprise System (MES) enrollment completed and verified using the State's Provider Service Solution module, PRSS, prior to rendering services to Medicaid members. The following link can be used to register or update you existing information. www.dmas.virginia.gov/for-providers/provider-enrollment-revalidation

Aetna Better Health will reject EDI claims or deny paper claims submissions when an effective Medicaid ID for all providers submitted on the claim is not found on the State's provider enrollment portal. Each provider must execute a provider agreement with DMAS. Active enrollment on the Virginia Medicaid Provider enrollment system at the time of service is required for both in state and out of state providers. Registration includes NPI, Taxonomy Code Service Address and Billing address and Provider Specialty. All billing, rendering, attending, referring, supervising, prescribing/ordering or operating practitioners (i.e., providers who are providing services, writing prescriptions and/or referring members, must have active registration to be eligible for reimbursement of services.

Medicaid providers should use the PRSS portal, located at virginia.hppcloud.com to complete enrollment.

Providers can initiate enrollment through the new PRSS enrollment site. Go to "*Enroll as a new provider or check your enrollment status.*" Only one enrollment application is necessary in PRSS, even if a provider participates with more than one MCO. Once approved, providers will need to create a PRSS portal online account to revalidate their enrollment, make changes to personal or business information, and check member eligibility. You can find helpful training resources on the MES website:

vamedicaid.dmas.virginia.gov/provider

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 Medicaid Enterprise System (MES).

The clean claim edits will reject EDI claims and deny paper claims when an effective Medicaid ID cannot be found on the registry for any of these 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	Operating Loop 2420A/2310B or Box 77
Ordering/Prescribing Provider 2420E or Box 17B with DK Qualifier	Other Providers: <ul style="list-style-type: none"> • Other Operating Loop 2420B/2310C or Box 78-79 with ZZ Qualifier • Referring Loop 2420D/2310F or Box 78-79 with DN qualifier
Supervising Provider 2310D/2420D or Box 17B with DQ Qualifier	

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

Taxonomy Codes

Aetna Better Health continues to require a taxonomy code on each claim submitted with Billing or Rendering providers having NPIs. Taxonomy is an effective way to define provider specialty prior to claim adjudication. Provider taxonomy codes on the claim improves provider selection and payment accuracy. Please follow the billing guidelines outlined in the references below:

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 processes, please contact our Claims Inquiry/Claims Research (CICR) Department by calling **1-800-279-1878**.

Provider Relations
Aetna Better Health of Virginia

Taxonomy Codes Billing Guidelines:

EDI Submitters

- Aetna Better Health requires 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 Rendering Provider Taxonomy: Box 24 J Shaded Area

Organization Name 1st line Street Add (2nd line) Suite (3rd line) and City, state and Zip (Last Line)		RENDERING PROVIDER ID. #	
10 digit NPI	ZZ Taxonomy 10#s	ZZ	Taxonomy 10#s 10 digit NPI
APPROVED OMB-0938-1197 FORM 1500 (02-12)		NPI	
		NPI	

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.

76 ATTENDING	NPI	QUAL	ZZ	Taxonomy Code
LAST		FIRST		