

# Parkland Community Health Plan Claim Submission Instructions Change Notice – Service Facility Address on NICU Claims

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Effective 4/1/2020, Parkland Community Health Plan will require all facilities submitting claims for neonatal care with revenue codes – 0172, 0173 and 0174 to submit the billing/service facility address on the claim as an EXACT match to what the facility has registered with TMHP.

Either the billing provider address or the service address (details in table below) must be an **exact** match: -

| Required Data Element    | Electronic Claim (837I)  | Paper Claim Form   |
|--------------------------|--|--|
| Billing Provider Address | Loop 2010AA<br>NM1 – Billing Provider Name<br>N3 – Billing Provider Address<br>N4 – City, State and Zip            | Field Location - 1   |
| Service Facility Address | Loop 2310E<br>NM1 – Service Facility<br>Location Name<br>N3 – Service Facility Address<br>N4 – City, State and Zip | Field Location – 80 Remarks:<br>Enter the Service Facility<br>Location Name, Address, City,<br>State and Zip |

If these data elements are missing or invalid, claim lines related to the NICU stay will be **DENIED** with a remit message of:

## **N294 - MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY ADDRESS**

Please refer to the Inpatient and Outpatient Hospital Services Handbook of the Texas Medicaid Provider Procedures Manual (TMPPM) 3.7.3.7 Other Requirements which establish that *“the submitted facility address on the claim must match the physical address of the location that has been issued a neonatal level of care designation. If the facility address is not included on the claim, the submitted billing address must match the physical address of the location that was issued a neonatal level of care designation.”*

For more information on address updates, providers can refer to [DSHS website](#).

For any questions please reach out to Provider Relations at: -

Medicaid STAR - HEALTHfirst    CHIP - KIDSfirst  
1-888-672-2277                      1-888-814-2352