



Aetna Better Health of Texas Billing and Appeals Reminders

Aetna Better Health of Texas continuously strives to educate and assist providers in accurate and timely billing. We want to ensure that you are reimbursed appropriately for all medically necessary covered services. As we have reviewed recent trends in our claims and appeals data, we wanted to provide several reminders to help decrease claims denials and increase your likelihood of success on claims appeals.

TIMELY FILING APPEALS

The standard timely filing period for Aetna Better Health of Texas is 95 days, measured from the claim date of service or the paid date of the primary carrier's EOP, whichever is later. Corrected claims must be received within 120 days of the first denial of the service. Please note that claims which are rejected as part of the intake process prior to receiving a claim number are not considered to be received.

All timely filing appeals must be accompanied with written documentation detailing the circumstances surrounding the submission of a claim. Attaching a screenshot from a billing system without explanation is not considered acceptable. A delay in learning of eligibility, submitting to the incorrect payer, encountering rejections due to billing errors, or failing to follow appropriate corrected claim processes are not valid reasons for timely filing overrides without documentation. Providers must demonstrate their reasonable and timely pursuit of the necessary information to bill the claim and explain why it was not possible to obtain correct eligibility and/or insurance information within the timely filing period.

EXCLUDES1 DENIALS

The ICD-10 code set includes Excludes1 notes that indicate when certain diagnosis codes are never appropriate to bill together. Aetna Better Health of Texas strictly enforces these exclusions and will not overturn these absent the timely submission of a corrected claim that addresses the diagnosis issues. Providers should not attempt to submit medical records to seek an overturn of these diagnosis denials.

ALIGNING BILLING TO TMHP ENROLLMENT

Providers are reminded that they are to bill in accordance with their enrollment with TMHP. If TMHP did not permit a linkage to the group NPI as part of the enrollment of a practitioner, the group NPI must not appear on claims submitted to Aetna Better Health of Texas. Claims may be rejected if billed in a manner inconsistent with previous billings and/or their Medicaid enrollment. In cases where the group NPI is not used on the claim, providers may need to submit ERA and EFT forms for each provider in the group, as these configurations occur at a billing NPI level.

CORRECTED CLAIM BILLING

When billing corrected claims, providers must use the appropriate billing indicator and include the original claim number. Submission of multiple claims for the same service without the corrected

claim indicator is not appropriate. In addition, when billing corrected claims, the claims are considered complete replacements. Providers should not bill a claim as corrected without lines that are on the original claim even if those lines were previously paid.

TMHP MEDICAID ENROLLMENT LAPSES

Aetna Better Health of Texas is unable to reimburse claims when either the rendering or billing NPI does not have an active Medicaid enrollment or if the license expiration date has lapsed in the PEMS portal. We are seeing an increase in denials related to license date lapses in the PEMS portal. Providers are reminded to submit a maintenance request via the PEMS portal as soon as practitioners receive an updated license expiration date. Once the maintenance request is approved, providers are reminded that it can take up to 2 weeks for the updated data to feed to Aetna Better Health of Texas.

If you have claims that were denied due to Medicaid enrollment issues (usually identified with a denial of NPI Not Matched), there is no need to appeal or contact us upon resolution of the enrollment issue. Aetna Better Health of Texas runs a monthly reconciliation of both overpayments and underpayments related to changes in Medicaid enrollment status. These claims are reprocessed automatically as part of these projects.

Aetna Better Health of Texas values your participation and input. If you have any questions, please contact your Provider Relations Representative directly or Provider Services at: 1-800- 248-7767 (Bexar), 1-800-306-8612 (Tarrant) and 1-844-787-5437 (STAR Kids). Thank you, as always, for the support and care that you provide to our members!