Aetna Better Health of New Jersey

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY REGARDING DISPUTED CLAIM DENIAL AND DISPUTED CLAIM PAYMENT AMOUNTS AND FOLLOW THE INSTRUCTIONS INDICATED

Provider Dispute, Appeal and Grievance Instructions

A **Dispute** is defined as an expression of dissatisfaction with any administrative function including policies and decisions based on contractual provisions inclusive of claim disputes. The dispute will be reviewed and processed according the definitions in this document, including by not limited to Resubmissions (Corrected Claims and Reconsiderations), Appeals, Complaints and Grievances. Provider Claim Disputes do not include pre-service disputes that were denied due to not meeting medical necessity. Pre-service denials are processed as member appeals and are subject to member policies and timeframes.

A **RESUBMISSION** is a request for review of a claim denial or payment amount on a claim originally denied because of incorrect coding or missing information that prevents Aetna Better Health from processing the claim.

Corrected Claim

- Submit a corrected claim marked at the top of the claim "CORRECTED CLAIM FOR RESUBMISSION" along with the completed *Provider Dispute and Resubmission form*, found on the last page.

Examples of a corrected claim:
Newly added modifier
Code changes
Any change to the original claim

Reconsideration

- Submit **a claim form** marked at the top "RECONSIDERATION" along with the completed *Provider Dispute and Resubmission form*, found on page 5.
- Submit medical records and/or additional information required to reconsider the claim
  - Information should be submitted **single sided**
- Please refer to the provider manual for provider filing timeframes.

Examples of Reconsiderations:
Itemized Bill

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6- prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.

• All claims associated with an Itemized Bill must be broken out per Rev Code to verify charges billed on the UB match the charges billed on the Itemized Bill. (Please attach I-Bill that is broken out by rev code with sub-totals.)
Duplicate Claim • Review request for a claim whose original reason for denial was "duplicate" • Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed
Retro Authorization Request • Claims that were denied due to no authorization on file. Medical records must be included with the resubmission.
Coordination of Benefits • Attach EOB or letter from primary carrier
Proof of Timely Filing • For electronically submitted claims provide the second level of acceptance report • Refer to Proof of Timely Filing Requirements in the Aetna Provider Manual
Claim/Coding Edit • We use two (2) claims edit applications: Claim Check and Cotiviti. Please refer to the Aetna Provider Manual for details.

All CLAIM DISPUTES (Resubmitted Claims with Corrections or missing information for Reconsiderations)

MUST BE SUBMITTED TO:

AETNA BETTER HEALTH OF NEW JERSEY

PO BOX 61925

PHOENIX, AZ 85082

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6- prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.

aetna®
Aetna Better Health of New Jersey

An **APPEAL** is a request for review of a claim denial or payment that does not meet one of the items above. Please refer to the Aetna Better Health of New Jersey Provider Manual, located on our website at www.aetnabetterhealth.com for details.

Examples of Appeals:
Requests for review on your own behalf (MUST be preceded by a recorded dispute, and include the dispute form: **Untimely Filing of the Claim** • A review of a claim that was submitted outside the timeframe • Provide good cause justification documentation for late filing; OR • For electronically submitted claims provide the second level of acceptance report as proof of timely filing • Refer to Proof of Timely Filing Requirements in the Aetna Provider Manual **Untimely Decision Making** • A review of a decision where Aetna did not render the decision on a prior authorization timely • Provide a copy of the denial showing the received date and the decision date **Dissatisfaction with the resolution of a reconsidered disputed claim**
On Behalf of a Member (does NOT require a dispute or dispute form) • Continued stay concurrent review • Urgent or Emergent review • Pre-Service (Prior Authorization) requests   o Must have written consent to act on behalf of the member • When filing on behalf of a member the request is processed as a **Member Appeal** and is subject to the member appeal policies and timeframes

A **GRIEVANCE** is an expression of dissatisfaction not related to a request for Aetna to reconsider our decision on the denial of a claim or the payment on a claim. Please refer to the Aetna Better Health of New Jersey Provider Manual, located on our website at www.aetnabetterhealth.com for details.

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6 - prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.

Aetna Better Health of New Jersey

Examples of Grievances:
Dissatisfaction with administrative functions or policies
Vendor staff service or behavior
Aetna Staff behavior
On Behalf of a Member • When filing on behalf of a member the request is processed as a **Member Appeal** and is subject to the member appeal policies and timeframes

If any of the above appeal or grievance examples apply, please DO NOT use the Dispute and Resubmission form. Please fax or mail the Appeal or Grievance and all supporting documentation clearly marked as “FILING AN APPEAL” or “FILING A GRIEVANCE” to:

Aetna Better Health of New Jersey
Attn: Appeal and Grievance Department
3 Independence Way, Princeton NJ 08540
Or Fax to: 844-321-9566

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6- prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.

Aetna Better Health of New Jersey

Provider Dispute and Resubmission Form

Please complete the information below in its entirety and mail with supporting documentation to the designated address. Incomplete or missing information may result in your Dispute being returned or decision upheld. Questions regarding a submission should be directed to Claims Inquiry/Claims Research at 855-232-3596 (prompt 6, prompt 4).

Select the appropriate reason	
☐ Incorrect Denial of Claim or Claim Line(s)	☐ Medical Necessity
☐ Incorrect Denial of Authorized Service	☐ Incorrect Rate Payment
☐ Code or Modifier Issue	☐ Other ________________________

Your Dispute Must Include:

- This completed form
- Factual or legal basis for dispute (include separate pages as needed)
- Copy of the original claim
- Copy of the remit notice showing the claim denial
- Any additional information (clinical records, required documentation, CMS or Medicaid references as needed, copy of auth, etc.)

Provider Name:	
Provider NPI:	
Submitter's name:	
Provider Street Address:	
Provider City, State & ZIP	
Provider Phone Number:	
Date(s) of Service:	
Remittance Advice Date:	
Amount Billed:	
Amount Paid:	
Claim Number(s):	
Member Name:	
Member ID #:	

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6 - prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.

Aetna Better Health of New Jersey

Signature of Sender Date

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 855-232-3596 (prompt 6- prompt 4) Monday - Friday, 8-5:30 EST. You may also contact this number for more information on the claims inquiry process. Be prepared to provide the Provider Relations Representative with the Provider name and Provider ID, Member name and ID, date of service, and claim number from the remit notice.