

Aetna Better Health® of Illinois
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Aetna Better Health® of Illinois

New review process for DRG claims

Aetna Better Health® of Illinois wants to inform providers about a new process for diagnosis-related group (DRG) claims.

For admission dates on or after **June 2, 2025**, we'll perform pre-payment coding reviews for DRG claims. We want to ensure the claims correctly show the services you provide to our members.

Helpful tips to ensure you get paid correctly

To make sure we review your claims quickly and accurately, please give us the necessary clinical information up front. After we get your claim, we will:

- Review DRG facility claims based on case history.
- Check to ensure the ICD diagnosis and procedure codes show the appropriate DRG was billed.

Questions?

Please contact your assigned [**Provider Relations representative**](#) if you have questions.

Pre-Pay DRG Review – Aetna Better Health® of Illinois

Aetna clinical review	What happens next?	Facility next steps
<p>The Clinical Claim Review (CCR) unit reviews your inpatient claim. We utilize ALL clinical information gathered during the concurrent review process to determine if it supports the billed DRG.</p>	<p>If we validate the billed DRG with the clinical information available to us, we process the claim using the billed DRG.</p> <p>If we cannot validate the billed DRG with the clinical information available:</p> <ul style="list-style-type: none"> • We send you a letter via mail to the billing address listed on the claim. The letter outlines the diagnosis and/or procedure codes we couldn't support. • The claim is processed with the revised DRG as per your state's specific guidelines. 	<p>If you disagree with outcome of the CCR review, you have the right to request an Appeal.</p> <p>The timeframe to submit an appeal varies state to state and starts from the date on the CCR letter detailing the outcome of the review and/or the date of the EOB. To see your state's timeframe, visit Aetna Better Health.com.</p> <ul style="list-style-type: none"> • Select your state health plan. • Click the Provider site in the search ribbon. • Scroll to the bottom of the page and under Helpful Links, choose Grievances and appeals. <p>You can submit Appeals online, by phone or by mail/fax, using the Provider Complaint and Appeal form. If mailing your appeal, please send to this address:</p> <p>Aetna Better Health of Illinois Attn: Complaints, Grievances and Appeals PO Box 81040 5801 Postal Road Cleveland, OH 44181</p> <p>Helpful information to include with the appeal:</p> <ul style="list-style-type: none"> • In-patient hospital record, including the evaluation and management • Clinical (laboratory or radiology) reports • Operative report, if applicable • Itemized claim • Copy of the letter you received <p>If photos are a part of the clinical records, please provide copies since originals will not be returned.</p>

Appeal review process

Appeal review	What happens next?	Facility next steps
<p>The Grievances and Appeals Team conducts the Appeal review at your request.</p> <ul style="list-style-type: none">• The Appeal review process utilizes a team of registered nurses, certified coders, and medical directors in this determination process.• The unit conducting the review looks at any additional clinical information provided in the appeal request.	<p>If Grievances and Appeals Team determines the billed DRG is appropriate, we send you a letter indicating the outcome of the review, and we reprocess the claim with the billed DRG.</p> <p>If Grievances and Appeals Team upholds the Clinical Claim Review revised DRG or derives a new DRG based on their review, we send you a letter indicating the outcome of the Appeal review and revised DRG.</p>	<p>The appeal decision letter will include instructions related to your appeal rights based on your state and health plan.</p>