PLEASE READ THE FOLLOWING CAREFULLY AND FOLLOW THE INSTRUCTIONS INDICATED

Provider Corrected Claim Process

A corrected claim needs to be submitted when incorrect coding or missing information prevents Aetna Better Health from correctly processing the claim. Providers must submit Corrected Claims within 365 days from the date of service using the following instructions:

Examples of a Corrected Claim:
Missing, Updated or Invalid Modifier
Missing, Updated or Invalid CPT/HCPCS/Revenue/NDC Codes
Missing Information, e.g., EOB, Consent / Necessity Form, Invoice or MSRP/Medical Records
Any other changes to the original claim, e.g., charges, units, etc.

Corrected Claim Instructions

- *Electronic Claims:* Submit electronic claims through your clearinghouse or through the Aetna Provider Portal if no additional documentation or attachments are required. For electronic corrections, providers must include the frequency code and original MCO ICN:
  - 1500 Claim Form
    - Field CLM05-3 = 7
    - REF*F8 = Original MCO ICN
  - UB-04
    - Field CLM05-3 = 7
    - REF*F8 = Original MCO ICN
- *Paper Claims or Claims Requiring Attachments:* When submitting corrected paper claims or claims that require attachments (i.e. EOB, Necessity Form, Invoice, Medical records) write "CORRECTED CLAIM" on the top of the claim form and include the frequency code and original MCO ICN:
  - 1500 Claim Form
    - Box 22 = Resubmission Code = 7
    - Original Ref No = Original MCO ICN
  - UB-04
    - Box 4 = Update the Bill Type with the third digit to a 7
    - Box 64 = Original MCO ICN
- **MAIL TO:** **Aetna Better Health of Kansas**
  P.O. Box 61838
  Phoenix, AZ 85082

NOTE: *Failure to follow instruction or include the Resubmission Code and/or ICN may result in a duplicate claim denial.*

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry: please call 1-855-221-5656 Monday - Friday, 8 a.m. -5 p.m. 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.