Aetna Better Health® of Maryland

Provider Dispute and Resubmission Form

This form should be completed for claim disputes, claim resubmission (e.g. corrected claims) and reconsiderations.

Definitions:

- Dispute: An expression of dissatisfaction with any administrative function including policies and decisions based on contractual provisions inclusive of claim disputes. Pre-service denials are processed as member appeals and are subject to member policies and timeframes.
- Resubmission: 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. A corrected claim is an example of a claim resubmission.
  - A corrected claim with a newly added modifier; code change; any change to the original claim.
  - Claim must use appropriate resubmission type of bill or marked as a corrected claim
- Reconsideration: A request from a provider for Aetna Better Health to reconsider its decisions. Examples include the following:
  - Itemized Bill
    - 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 Benefit
    - Attach primary insurer's explanation of benefit (EOB)
  - Proof of Timely Filing
    - For electronically submitted claims, provide the second level of acceptance report

Please complete the information below in its entirety. Incomplete or missing information may result in your Dispute being returned or decision upheld.

Section 1: Reason for Dispute

Select the appropriate reason from the below list:			
☐	Incorrect Denial of Claim or Claim Line(s)	☐	Code or Modifier Issue
☐	Incorrect Denial of Authorized Service	☐	Incorrect Rate Payment
☐	Other:		

Section 2: Supporting Documents

Your Dispute Must Include:	
1.	Completed Provider Dispute Form
2.	Factual or legal basis for dispute (include separate pages as needed)
3.	Copy of the original claim
4.	Copy of the remit notice showing the claim denial
5.	Any additional information (clinical records, required documentation, Medicaid references as needed, copy of authorization, etc.)

Section 3: Provider Information:

Please complete the below:	
Provider Name:	
Provider NPI:	
Submitter's Name:	
Provider's Street Address:	
Provider's City, State and Zip-code	
Provider's Phone Number:	
Date(s) of Service:	
Remittance Advice Date:	
Billed Amount:	
Paid Amount:	
Claim Number(s):	
Member Name:	
Member ID:	
Provider Contact Name:	
Provider Contact Phone Number:	
Provider Contact Email:	
Date of Form Submission:	

Send this form and any supporting documents (e.g. medical records) to:

Aetna Better Health of Maryland
Claims and Resubmissions
PO Box 982968
El Paso, TX 79998

Please refer to Aetna Better Health of Maryland's Provider Manual for timely filing requirements. Contact us at **1-866-827-2710** for questions and assistance.

AetnaBetterHealth.com/Maryland