Aetna Better Health of WV, Inc.

Provider Reconsideration and Dispute Form Instructions

PLEASE READ CAREFULLY AND FOLLOW THE INSTRUCTIONS INDICATED

A **Reconsideration** is defined as a claim originally denied because of incorrect coding or missing information that prevents Aetna Better Health from processing the claim. **Practitioners and providers have 120 days from the initial remittance date to submit reconsideration requests.**

CLAIM RECONSIDERATION

- Submit **a claim form** marked at the top "RECONSIDERATION" along with the completed *Provider Reconsideration and Dispute form* - blank form attached.
- 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 (120 Days from Decision to submit a Request for Reconsideration)

Examples of Reconsiderations:
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
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.

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ALL CLAIM RECONSIDERATIONS CAN BE SUBMITTED THROUGH THE SECURE PROVIDER PORTAL

- Or -

***MAILED TO*:** Aetna Better Health of WV, Inc.
ATTN: CLAIMS
PO Box 67450
PHOENIX, AZ 85082-7450

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. Provider Disputes do not include pre-service disputes that were denied due to not meeting medical necessity. **Practitioners and providers have 120 days from the initial remittance date to dispute claims.**

CLAIM DISPUTES:

- Submit the completed *Provider Reconsideration and Dispute form*, found attached, or other document clearly marked "CLAIM DISPUTE" within 120 days of the remittance date.
- Can be an individual claim or a group of claims with the same issue

Examples of a claim dispute:
Disputing a claim payment or denial based on a fee schedule or contractual issue

ALL DISPUTES MUST BE SUBMITTED TO: Aetna Better Health of WV
ATTN: PROVIDER RELATIONS
500 Virginia Street, E, STE 400
Charleston, WV 25301

An **APPEAL** is defined as 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 WV Provider Manual, located on our website at ABH-WV Provider Website for details.

Examples of Appeals:
Requests for review on your own behalf
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

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry please call 1-888-348-2922 8:30am-5:00pm EST Monday – Friday.

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On Behalf of a Member

- Continued stay concurrent review
- Urgent or Emergent review
- Pre-Service (Prior Authorization) requests
    - 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

If any of the above appeal examples apply, please DO NOT use the Resubmission and Dispute form.

Please fax or mail the Appeal and all supporting documentation clearly marked as "FILING AN APPEAL" to:

Aetna Better Health of WV, Inc.
ATTN: Appeals & Grievance
PO Box 81040
5801 Postal Rd
Cleveland, OH 44181

Or Fax to **1-888-388-1752**

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MAKE COPIES FOR FUTURE USE

Provider Reconsideration and Dispute Form

Please complete the information below in its entirety and mail with supporting documentation to the designated address. Questions regarding a submission should be directed to Claims Inquiry/Claims Research at 1-888-348-2922.

Please indicate the reason for your request and any pertinent details below:

Type of issue	☐ **Corrected Claim** ☐ **Reconsideration** ☐ **Claim Dispute** ☐ **Other Dispute**
Provider Name:	
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 #	

Signature of Sender Date

Providers should always refer to the provider manual and their contract for further details. For general claims inquiry please call 1-888-348-2922 8:30am-5:00pm EST Monday – Friday.