



Aetna Better Health®
of Oklahoma

Aetna Better Health® of Oklahoma

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Important reminder: Enteral supplies billing and documentation requirements

Dear provider partner,

Aetna Better Health is reminding Durable Medical Equipment (DME) providers and enteral supply providers about OHCA requirements for billing manually priced enteral formula claims. This communication is intended to help ensure accurate claim payment and reduce the risk of overpayments and underpayments.

Billing units must align with total calories dispensed

For adult and pediatric enteral formulas billed under HCPCS codes B4150–B4162, Aetna Better Health will be reinforcing OHCA's established manual pricing methodology.

Authorizations are approved using the standard calculation of 1 unit = 100 kilocalories (kcal). Claims should be billed using the same methodology to support accurate payment.

Provider responsibilities

Providers are responsible for ensuring that billed units accurately reflect the total quantity of enteral formula dispensed to the member.

- Bill enteral formula units using the standard of 1 unit = 100 kcal
- Ensure the total units billed match the total calories dispensed to the member
- Review claim submission processes to help prevent payment discrepancies
- Maintain documentation supporting the quantity dispensed and amount billed
 - Claims billed with units that do not align with the total calories dispensed may result in overpayments or underpayments

The recipient of this notice may make a request to opt-out of receiving telemarketing transmissions from Aetna. There are numerous ways you may opt-out: The recipient may call toll-free **877-265-2711** and/or fax the opt-out request to **1-888-263-9488**, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to **do_not_call@aetna.com**. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.

- Providers should verify supporting documentation matches the units submitted on the claim

Applicable enteral formula codes

The billing requirement applies to the following manually priced enteral formula HCPCS codes.

HCPCS code	Description	Unit definition	Billing requirement
B4150–B4162	Adult and pediatric enteral formulas	1 unit = 100 kcal	Units billed must reflect total calories dispensed

Documentation requirements remain in effect

All standard documentation requirements for manually priced DME and medical supply claims continue to apply. Providers should maintain complete records supporting medical necessity, authorization requirements, quantity dispensed, and claim pricing methodology. Documentation must be available upon request for audit and review purposes.

Questions?

Contact the Provider Engagement team at: **1-844-365-4385** or by email at ABHOKProviderEngagement@Aetna.com

Aetna Better Health highlights

Colorectal cancer screening

Members have access to colorectal screening options at no cost and receive a **\$25 reward** once completed. A reminder from a trusted provider can increase screening rates and close gaps in care for Oklahomans.

Breast cancer screening

Members receive a **\$25 reward** for completing a breast cancer screening. Your recommendation matters to members and can help save lives with early detection.

Cervical cancer screening

This extra benefit gives members ages 21-64 years old a **\$25 reward** for completing their cervical cancer screening.

Encourage members to call the number on their ID card or explore support in the Aetna Better Health app.