



AETNA BETTER HEALTH® OF VIRGINIA

Provider Education: Paper Remittances

The purpose of this document is to give providers a high-level breakdown of the redesigned remittance document.

Section A: Page layout

The following section contains high-level claim payment details as well as basic provider data.

The screenshot shows a remittance document page with the following elements:

- A1:** Page number (Page 3 of 11)
- A2:** Billing Provider Name: AIT LABORATORIES
- A3:** TIN: 621433252 and NPI: 1689639544
- A4:** Line of Business: Aetna Better Health - FloridaHealthy Kids
- A5:** Discount and Interest
- A6:** Payment #

Field	Value
Remit Date:	02/21/2022
Beginning Balance:	0.00
Discount:	0.00
Interest:	6.54
Refund Amount:	0.00
Amount Recouped:	0.00
Amount Paid:	66.86
Ending Balance:	0.00
Payment #:	1006975

A1: Page number

A2: Billing Provider Name

A3: TIN & NPI

A4: Line of Business

A5: Discount & Interest

A6: Payment # (Note: This field notates the check number when there is a payment or payment ID when there is not a payment.)

Section B

This section illustrates key fields a provider may refer to when reviewing individual claim information. This section has been re-designed to be easier to interpret and quickly find important claim payment details.

Member Name: B1		Member #: 20211013		Claim #: B2		Claim Status: REVERSED	
Acct #: B3		Date Received: 20211013		Auth#: B2		Place of Service: 81	
Claim Provider: AIT LABORATORIES		NPI #: Section B		Billed DRG: B5		DRG: B5	
Adjustment of Claim #: 21286E0100447		B4					

Line #	Service From - To	Serv Code		Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
		Modifier									Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003			-1	FFS	-125.00	-100.00	-25.00	CO45	0.00	0.00	0.00	0.00	-100.00
2	10/07/21	U0005			-1	FFS	-31.25	-6.25	-25.00	CO45	0.00	0.00	0.00	0.00	-6.25
Payment #		1006975		Claim Totals			-156.25	-106.25	-50.00		0.00	0.00	0.00	0.00	-106.25

Member Name:		Member #: 20211013		Claim #: B9		Claim Status: PAID	
Acct #: T4245380		Date Received: 20211013		Auth#: B9		Place of Service: 81	
Claim Provider: AIT LABORATORIES		NPI #: B9		Billed DRG: B9		DRG: B9	
Adjustment of Claim #:		Interest Amount: 0.65					

Line #	Service From - To	Serv Code		Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
		Modifier									Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003			1	FFS	125.00	67.50	57.50	CO45	0.00	0.00	0.00	0.00	67.50
2	10/07/21	U0005			1	FFS	31.25	24.12	7.13	CO45	0.00	0.00	0.00	0.00	24.77
Payment #		1006975		Claim Totals			156.25	91.62	64.63		0.00	0.00	0.00	0.00	92.27

B1: Member Name & Member #

B2: Claim # & Claim Status

B3: Acct #

B4: Claim Provider & Adjustment of Claim

B5: Billed DRG & DRG

B6: Line#: Service From-To

B7: Serv Code, Rev Code, Units FFS/CAP

B8: Billed & Allowed Amount (There may be more than one line per service code.)

B9: Member Responsibility (There may be more than one line per service code.)

Section C: Code/Description

This section is an example of a remit document showing the applicable claim remarks in the code descriptions area.

Member Name:		Member #:		Claim #:		Claim Status: DENIED	
Acct #:		Date Received: 20211015		Auth#:		Place of Service: 12	
Claim Provider: AIRLIFE MEDICAL LLC		NPI #:		Billed DRG:		DRG:	
Adjustment of Claim #: 21291E0051728		Section C					
Claim Level Messages: MA67		Remarks and Code/Description					

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
											Ded PR1	Coins PR2	Copay PR3	Other	
1	10/02/21	E0305	RR KI KX		1	FFS	16.56	0.00	-8.36	CO26 OA23 N52 N650	0.00	0.00	16.56	16.56	0.00
Payment #							16.56	0.00	0.00		0.00	0.00	16.56	16.56	0.00
Claim Totals							16.56	0.00	0.00		0.00	0.00	16.56	16.56	0.00

Provider Summary:				Billed Amt.	Allowed Amt.	Not Payable	Ded	Coins	Copay	Other	Paid Amount
Interest Paid: 0.00	Discount/Penalty: 0.00	Provider Claims Total:		16.56	0.00	0.00	0.00	0.00	16.56	16.56	0.00
Check Date: C3	Check Number:	Check Amount:									

Code/Description	
CO - Contractual Obligations. Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment.	
OA - Other adjustments.	
PI - Payor Initiated Reductions. Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract betw	
PR - Patient Responsibility.	
CO26	EXPENSES INCURRED PRIOR TO COVERAGE
MA67	ALERT: CORRECTION TO A PRIOR CLAIM
N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
N650	THIS POLICY WAS NOT IN EFFECT FOR THIS DATE OF LOSS. NO COVERAGE IS AVAILABLE.
OA23	THE IMPACT
PR3	CO-PAYMENT

Claim Level Messages: M467

Not Payable Remark:

CO26
OA23
N52
N650

Member Responsibility Remark:

PR3

If you have any questions please contact the Claims Department at 1-844-645-7371 visit our website at www.aetnabetterhealth.com/Florida

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C1: Claim Level Messages

C2: Remark for each service line (There may be more than one line per service code.)

C3: Code/Descriptions

C4: Code reference