

Billing and Claims Quick Reference Guide

Introduction

The Aetna Better Health Billing and Claims Quick Reference Guide serves as a useful resource to providers and staff to aid in understanding Aetna Better Health of PA's billing protocols and to ensure timely and accurate payment for eligible covered services.

Who will benefit from this guide?

This guide will be beneficial to those staff whose duties are to:

- Maintain provider records
- Submit fee for service (FFS) to Aetna Better Health of PA
- Post and reconcile payments

Note: Aetna Better Health of PA incorporates the National Correct Coding Initiative (NCCI) edits into its claims policy and procedures as announced by PA DHS MAB 99-11-10.

NCCI was developed by CMS to promote national correct coding methodologies and to control improper coding leading to improper payment in outpatient claims. NCCI has two components: Procedure to Procedure (PTP) edits and Medically Unlikely (MUE) edits.

In accordance with the Patient Protection and Affordable Care Act (ACA) and as a State Medicaid Managed Care Organization (MCO) Aetna Better Health of PA has incorporated NCCI methodologies in its claims processing systems.

What this guide covers?

- Promise Billing Requirements
- Requirements for filing claims.
- Modifiers 25 and 59
- Resources



Quick Reference Guide

Appeals	<p>Complaints Grievances & Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103 Email: PAMedicaidAppeals&Grievance@aetna.com Fax: 1-860-754-1757</p>
Claims Address	<p>Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198</p>
Claims Inquiry Claims Research Customer Service (CICR)	<p>Phone: 1-866-638-1232</p>
EDI Payer Identification Number	<p>Change Healthcare (formerly Emdeon): 23228</p>
EFT Form Link	<p>Web: https://www.aetnabetterhealth.com/pennsylvania/providers/forms</p>
ERA Form Link	<p>Web: https://www.aetnabetterhealth.com/pennsylvania/providers/forms</p>
<p>eviCORE</p> <ul style="list-style-type: none"> • Cardiology • Pain Management • Radiology 	<p>Phone: 1-888-693-3211 Fax: 1-844-822-3892 Web: www.eviCore.com</p>
Mailing Address, Phone Number, Fax Number	<p>Aetna Better Health of PA 2000 Market Street, Suite 850 Philadelphia, PA 19103 Phone: 1-866-638-1232</p>
Prior Authorization	<p>Phone: 1-866-638-1232 Fax: 1-877-363-8120</p>
Provider Education Resources	<p>https://www.aetnabetterhealth.com/pennsylvania/providers/education</p>

PROMISE ID Number Requirements

- Providers must enroll in the Commonwealth of PA's Medical Assistance (MA) Program
- To enroll or validate PROMISE ID's use the attached link: <https://provider.enrollment.dpw.state.pa.us/>
- MA & CHIP Providers must have a valid PROMISE Identification Number (PROMISE ID) for every service location where they practice
- DHS uses the NPI and taxonomy submitted on claims to validate the enrollment of providers in PROMISE
- The NPI, taxonomy and Zip+4 submitted on the claim is used to identify registered service locations

Timely Filing Guidelines

The guidelines below are applicable unless otherwise specified in your provider contract.

Initial Claims	• 180 Days from the date of service.
Claim Corrections	• 365 Days from the date of the Provider Remittance.
Claim Appeals	• 60 Days from the date of notification.

Common Modifiers

Mod 25	<ul style="list-style-type: none">• Use to append an E&M service.• Identifies a significant, separately identifiable evaluation and management (E/M) service.
Mod 59	<ul style="list-style-type: none">• Distinct Procedural Service• Used to identify procedures (non E&M) that are not normally reported together.
Mod 50	<ul style="list-style-type: none">• Bilateral Procedure• Indicate 2 units on claim.

Multiple Surgical Guidelines

Professional Billing	<ul style="list-style-type: none">• 100% for the highest allowable payment.• 25% for the second highest allowable payment.• No payment for additional procedures.
Facility Outpatient Billing	<ul style="list-style-type: none">• 100% for the highest paying procedure.• No allowance for additional procedures.

Inpatient Hospital Services

10/1/2018	<ul style="list-style-type: none">• APR DRG Version 36• Inpatient services with discharges on or after October 1, 2018.
10/1/2019	<ul style="list-style-type: none">• APR DRG Version 37• Inpatient services with discharges on or after October 1, 2019.

Claim Submission Format

Professional	<ul style="list-style-type: none">• Submit via CMS 1500 (02/12) or via 837P format.
Institutional Facility	<ul style="list-style-type: none">• Submit via CMS 1450 (UB-04) or via 837I format.
Corrected	<ul style="list-style-type: none">• Corrected facility and professional claims can be submitted electronically or via paper.• Original claim number must be used.• Correct type of bill must be used.

Ambulatory Surgical Centers - Effective 1/1/2020

All Ambulatory Surgery Centers billing on a UB-04 for services should use type of bill 08XX and not the 013X used for outpatient facilities.

First Digit	<ul style="list-style-type: none">• Type of Facility• Always enter "8" to indicate special facility.
Second Digit	<ul style="list-style-type: none">• Bill Classification• Enter "3" to indicate outpatient or 4 for Hospital Special Treatment room.
Third Digit	<ul style="list-style-type: none">• Frequency• Enter "0" - Non-Payment/Zero Claim.• Enter "1" - Admit through discharge claim.• Enter "7" - Replacement of a prior claim.

Coordination of Benefits

Aetna Better Health is the primary payer on the following services:

Preventative Care

Prenatal or preventative pediatric care (including EPSDT services), and services to children having medical coverage under a Title IV-D child support order.

Aetna Better Health is generally the "payer of last resort" on all other services. Providers must bill third party insurance before submitting the claim to Aetna Better Health. Aetna Better Health will pay the difference between the primary insurance payment and the allowable amount. **Members may not be balance billed.**

Submit Encounter Data for All Services:

- DHS requires ABH to receive all encounter data to accurately capture member utilization
- Claims with Third Party Liability (TPL) involvement require claim submission when there is no payment due from ABH
- Claims with payments received from a primary payor should be submitted to ABH with the primary EOB for reporting purposes
- It is important for DHS to know what services have been rendered for Medicaid Services

For more on the importance of encounter data, please visit our website:

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/Submission%20of%20All%20Encounter%20Data_SP_FINAL.pdf

DHS OP Fee Schedule

Web: <https://www.humanservices.state.pa.us/outpatientfeeschedule>

Injectable Drugs

All injectable drugs should be submitted with the NDC code and a valid HCPCS Code.

- The injectable drugs must be rebateable in order to receive payment.
 - The N4 Qualifier should proceed the NDC number
 - The NDC unit of measure (F2, GR, ML, UN)
 - NDC units dispensed must be greater than 0
- In order to determine if an injectable is rebateable, use one of the sources:
 - <https://data.medicaid.gov/Drug-Pricing-and-Payment/Drug-Products-in-the-Medicaid-Drug-Rebate-Program/v48d-4e3e/data>
 - [Reimbursementcodes.com](https://www.reimbursementcodes.com)

Updating Demographic Information:

- Network Providers should contact their Provider Relations Consultant or Provider Services with changes to their demographic information.
- Network Providers may verify their demographic data at any time using the “real-time” Provider Network directory at <https://www.aetnabetterhealth.com/pennsylvania/find-provider>.
- Requests for changes to address, phone number, tax I.D., or additions and/or deletions to group practices must be made through the on-line the Provider Change Form: <https://medicaidportal.aetna.com/mcainteractiveforms/ProviderForms/ProviderDemographicChangesForm.aspx>.
- You can also update us via a paper change form: <https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-forms/practitioner-information-change-form-PA2018.pdf>.

Change forms can be emailed to ABHProviderRelationsMailbox@AETNA.com

Or mail to:

Aetna Better Health and Aetna Better Health Kids
Attention: Provider Relations
2000 Market Street, Suite 850
Philadelphia, PA 19103

Additional Billing Related Information

Please refer to the DHS website for detailed information regarding provider billing requirements:
https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx

Anesthesia	<ul style="list-style-type: none">• Services must be reported using anesthesia ASA procedure codes.• All services should be billed in minutes.
Chiro Services	<ul style="list-style-type: none">• Claims for chiropractic services should be submitted using the CMS 1500 form or via 837 electronic format.• Covered services include exam and manipulation of the spine.• Non-Covered services include physical therapy.
DME	<ul style="list-style-type: none">• Claims for DME services should be submitted using the CMS 1500 form or via 837 electronic format.• DME rental claims are only paid up to the purchase price of the equipment.
Family Planning	<ul style="list-style-type: none">• Eligible services must be billed with the “FP” modifier.
OP Hospital	<ul style="list-style-type: none">• All revenue codes billed on a outpatient UB-04 require a corresponding HCPCS code.• Rev Code 710 is not a billable code for outpatient facility claims.
SNF	<ul style="list-style-type: none">• FAQ’s for eligible CHC members regarding Skilled Nursing Facility services can be found in the following Aetna Better Health notification: aetnabetterhealth.com/pennsylvania/providers/notices, click on FAQs and select the Skilled Nursing Facility notice

