Reminder on the Claims Appeal Process with Aetna Better Health

Aetna Better Health would like to reiterate some important reminders concerning appeal submissions.

An appealed claim is a claim that has been previously adjudicated and the provider is requesting review of the disposition through written notification to the MCO and in accordance with the appeal process as defined in the MCO Provider Manual.

Providers have 120 Days from the date of disposition to appeal a claim.

Providers must mail written requests of claim appeals. Providers submitting claim appeals must clearly document on the appeals form or attached Remit/EOB the information that is being appealed and identify the claim being appealed.

Appeal Process as Defined in the MCO Provider Manual:

A claim appeal is a written request by a provider to give further consideration to a claim reimbursement decision based on the original and or additionally submitted information. The document submitted by the provider must include verbiage including the word “appeal”.

An appeal must meet the following requirements:
- It is a written request to Appeal a claim
- You're now requesting further consideration based on the original and or additionally submitted information
- The document submitted must include verbiage including the word “appeal”.

The Health Plan will process appeals and adjudicate the claim within thirty (30) days from the date of receipt. A provider may appeal any disposition of a claim.

The claim may be appealed in writing by completing an appeal form, which can be located on the Aetna Better Health website, or by completing the following:

1) Submit a copy of the Remit/EOB page on which the claim is paid or denied.

2) Submit one copy of the Remit/EOB for each claim appealed.
3) Circle all appealed claims per Remit/EOB page.

4) Identify the reason for the appeal.

5) If applicable, indicate the incorrect information and provide the corrected information that should be used to appeal the claim.

6) Attach a copy of any supporting documentation that is required or has been requested by Aetna Better Health. Supporting documentation to prove timely filing should be the acceptance report from Aetna Better Health to the provider’s claims clearinghouse. Supporting documentation must be on a separate page and not copied on the opposite side of the Remit/EOB.

Note: It is strongly recommended that providers submitting appeals retain a copy of the documentation being sent.

Please submit your appeals and all supporting documentation to the following address:

Aetna Better Health
Appeals and Correspondence
P.O. Box 569150
Dallas, TX 75356-9150