Aetna Better Health® Kids (CHIP)

Administrative Tools

Provider Timely Submission Guide

Dear Aetna Better Health® Kids Provider,

We want you to receive payment for care you've provided to Aetna Better Health® Kids members enrolled in the HealthChoices and the CHIP programs. We're pleased to provide you with this quick guide to help expedite billing and payment for services submitted on UB-04 or CMS-1500 forms.

Timely filing with correct codes ensures timely payment

- We require providers to submit claims within 180 days from the date of service unless otherwise specified within the provider contract.
- Aetna Better Health® Kids must receive claim resubmissions no later than 365 days from the date of the Provider Remittance Advice or Explanation of Benefits if the initial submission was within the 180 day time period, whether or not the claim was denied on the first submission.
- You must submit provider appeals within 60 days from the date of notification of claim denial unless otherwise specified within the provider contract.
- **Please note:** An inquiry **does not extend or suspend** the timely filing requirement.

Questions about a claim?

Please contact our Claims Inquiry Claims Research (CICR) department at **1-866-638-1232**, option 3 with any questions regarding claims processing. Thank you for the quality care you give our members.