



## Aetna Better Health<sup>®</sup> of Kentucky

# NETWORK NOTICE

Date:	July 9, 2024
To:	All Network Providers
From:	Provider Experience
Subject:	Diagnosis-Related Grouping Review Program
Document ID	Aetna-1900

Aetna Better Health of Kentucky is implementing a new Diagnosis-Related Grouping Review Program effective **August 9, 2024**.

### **Aetna Better Health Clinical Review**

The Clinical Claim Review (CCR) unit reviews your inpatient claim. We utilize all clinical information gathered during the concurrent review process to determine if it supports the billed diagnosis-related grouping (DRG).

### **How will we know if Aetna Better Health does not agree with the billed DRG?**

Hospitals will receive a letter explaining the claim information that doesn't support the billed DRG.

### **What happens next?**

If we can validate the billed DRG with the clinical information available to us, we process the claim using the billed DRG. If we cannot validate the billed DRG with the clinical information available:

- We send you a letter via mail to the billing address listed on the claim outlining the diagnosis and/or procedure codes we couldn't support.
- The claim is processed with the revised DRG as per Kentucky guidelines.

### **Facility next steps**

If you disagree with outcome of the CCR review, you have the right to request an appeal. We follow the standard facility coding appeal process. To learn more, [visit our website](#). You can submit appeals online or by phone, email, or mail/fax using the above website as a guide.

Helpful information to include with the appeal:

- In-patient hospital record, including the evaluation and management
- Clinical (laboratory or radiology) reports
- Operative report, if applicable
- Itemized claim
- Copy of the letter you received

If photos are a part of the clinical records, please provide copies since originals will not be returned

Aetna Better Health Clinical Review	What happens next?	Facility next steps
<p>The National Clinical Appeals unit (NCAU) conducts the Appeal review at your request.</p> <p>The appeal review process utilizes a team of registered nurses, certified coders, and medical directors in this determination process.</p> <p>The unit conducting the review looks at any additional clinical information provided in the appeal request.</p>	<p>If NCAU determines the billed DRG is appropriate, we send you a letter indicating the outcome of the review, and we reprocess the claim with the billed DRG.</p> <p>If NCAU upholds the CCR revised DRG or derives a new DRG based on their review, we send you a letter indicating the outcome of the appeal review and the revised DRG.</p>	<p>The appeal decision letter will uncloset instructions related to your appeal rights.</p>

## Frequently Asked Questions:

### What is the main goal of this program?

The goal of this program is to improve the accuracy of our Diagnosis-Related Grouping (DRG) payments by making sure that a patient's medical record supports your claim information.

### Does Aetna Better Health exclude any services/codes from this updated review process?

All services contracted with a DRG are eligible for review.

### What criteria does the program utilize?

Criteria is utilized as outlined in the ICD-10 Guidelines for Coding and Reporting, as well as the Uniform Hospital Discharge Data Set guidelines.

### How can providers get the claim paid efficiently?

There are a few ways a hospital can ensure the medical information sent supports the billing.

- Ensure the diagnosis and procedure codes are appropriate for the billed DRG.
- Use the Availity provider portal to submit an authorization/precertification request for the inpatient hospitalization.
  - You can attach a maximum of six attachments to a single request. (The maximum file size is 32 MB, and the total combined size of all attachments for a single request can't exceed 192 MB.)
  - Accepted file types include .doc, .docx, .xls, .xlsx, .pdf, .jpg, .gif, .png, and .tiff.
- Supply complete and accurate supporting clinical documentation at the time of the authorization/ precertification request.

Submit medical records with all DRG initial claim submissions.

### Which address does Aetna Better Health use for the initial review determination letter? Can we change this address?

We send the letter with clinical and coding review determination to the billing address on the claim. The address can't be changed without changing the billing address on the claim.

### Do providers have to do anything differently?

No, our admission practices and policies stay the same



As always, do not hesitate to contact your Network Manager with any questions or comments.

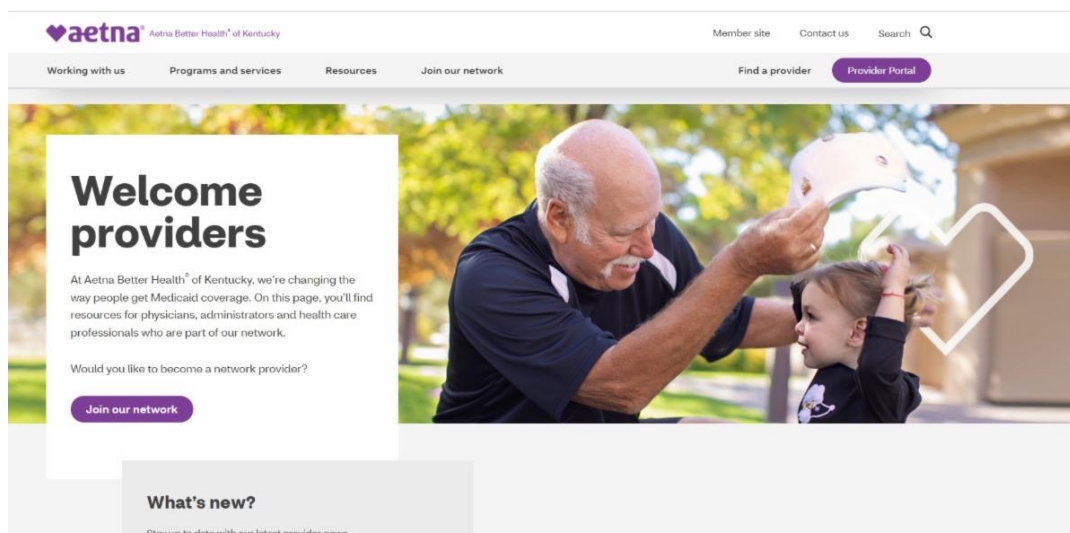
Thank you for your valued partnership in caring for our Aetna Better Health of Kentucky Members.

Save time by accessing our online resources.  
Be sure to check out our convenient web tools, available 24/7.

### **Health Plan Website**

The health plan website is a resource for members and providers. Providers will find information such as the member handbook, provider manual and the formulary on the health plan website

Visit the Website at: [AetnaBetterHealth.com/Kentucky](https://AetnaBetterHealth.com/Kentucky)



### **Availity**

Aetna Better Health of Kentucky is excited to have transitioned from our Provider Portal to Availity. This transition allows for an increase in digital interactions available to support you as you provide services for our members.

Functionality examples include:

- Eligibility and member benefits look up -
- Claim status look up -
- Online claim submission
- PA submission and look up
- Grievance and appeals submission

Visit Availity at: [AVAILITY](#)



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