Aetna Better Health® of Kentucky

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Date:	01/18/2023
To	All Network Providers
From	Provider Experience
Subject	*Introducing Dx Gap Advisor ™*
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Introducing Dx Gap Advisor ™
Capture diagnosis codes to accurately capture a member's chronic conditions and deliver complete and accurate claims the first time around

Aetna Better Health is working with Change Healthcare to enable Dx Gap Advisor, a solution designed to alert providers when diagnosis codes are potentially missing from a claim. This is accomplished by sending the biller the standard EDI remittance advice (277CA) associated with claim rejections that are integrated into the claim submission process. The automated rejection messages appear in the billing solution alert queue and are triggered on claims that may be incomplete or inaccurate for patients with historic claims data, such as evidence of an established diagnosis of a chronic condition that is not present on the current claim.

Sample Alert Message (277CA):
The following is an example of the type of rejection you will receive if there is a suspected open risk gap, presenting up to five (5) diagnosis codes**:**

> Patient history includes <1234567, 1234567, 1234567, 1234567, 1234567>. Review the medical record on this date of service to validate the claim diagnosis codes are complete and accurate; then RESUBMIT claim.

If Your Office Receives a Rejection Message (277CA):
Once Dx Gap is enabled, your office may receive this message. At that time, you should take the following actions:

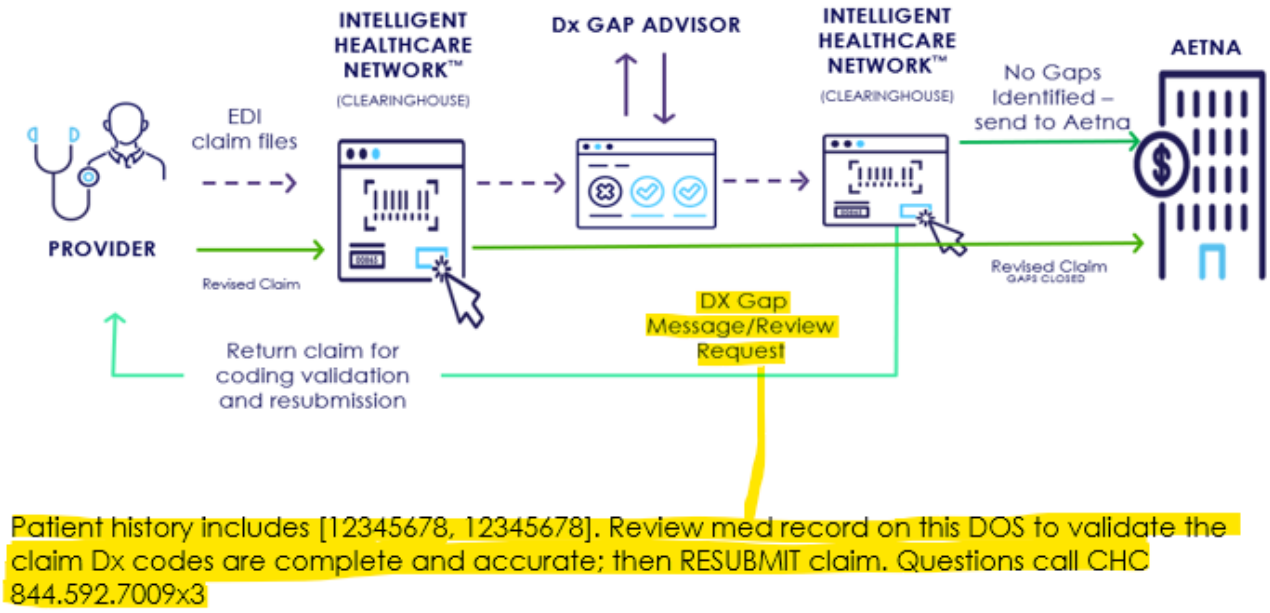
- **Engage a qualified coder** or appropriate professional to review the patient's medical record to confirm that the diagnosis(es) coded on the claim are complete and accurate
- If the coding on the **claim is complete** as originally submitted, simply resubmit the claim for clearinghouse processing using the original claim ID
- If **changes are necessary**, make the changes and resubmit the claim using the original claim ID
- If a **diagnosis is added to** the claim, the provider should ensure that all affected fields are addressed, including the "order of the diagnoses reported" and the "Diagnosis Pointer", per Centers for Medicaid and Medicare Services Form 1500 and ICD-10 CM Coding Guidelines

For **questions about a claim status message or general program questions**, please call Change Healthcare Customer Service at **1-844-592-7009**, option 3.

On-line Support Video:
https://inspire.changehealthcare.com/DxGapAdvisor

Program Benefits:

Helps ensure that all the member's care received is completely and accurately reported through diagnosis codes billed on their submitted claims.
The Diagnosis Gap Advisor product offers the provider an opportunity to review the claim diagnosis codes for completeness and accuracy prior to submission to the Health Plan by comparing claims to preloaded plan data (claim history, provider network details). Services evident in the Medical Record are easily added the claim submission, avoiding more cumbersome Chart Reviews post claim adjudication.
Dx Gap Advisor enables the Health Plan to achieve more complete and accurate diagnosis coding of claims for members believed to be associated to Risk Categories. Amended diagnosis codes substantiated by the medical record positively impact network effectiveness measures and overall Health Plan performance



Questions?
Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

INSERT NETWORK CONTACT LISTING