2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062 1-855-242-0802 **AetnaBetterHealth.com/Louisiana** 



# **Aetna Better Health® of Louisiana**Participating Provider Claim Resubmission and Dispute Form

Please complete the information below in its entirety and mail with supporting documentation and a copy of your claim to the appropriate address listed below. Please use one form per member. **To determine if your issue is a claim resubmission or appeal, please see criteria below.** 

Please note: Providers have a total of 365 days from the date of service to submit a claim and 180 days from the remittance advice to submit a corrected claim and/or dispute a claim.

Member Information				
Member Name	Date of Billed Claim			
Member ID	Patient Account No.			
Aetna Better Health				
Claim ID (will contain				
the letter "c" in the				
middle)				

Provider Information		
Provider Name	Tax ID Number	
Practice Name	NPI Number	
Street Address	Fax Number	
City/State/Zip	Contact Name	
Provider Phone No.	Contact No.	

SUBMISSION INFORMATION (See second page for detailed description)		
<b>↓</b> Claim Resubmissions	<b>↓</b> Examples of Appeals	
☐ Itemized Bill	Prior Authorization Appeal	
Duplicate Claim	Level of Care Appeal	
☐ Corrected Claim (note	Medical Necessity Appeal	
"CORRECTED" on claim)		

☐ Proof of Timely Filing	<ul> <li>Claim/Coding Edit Appeal (necessary when you have submitted a reconsideration and it was returned denied)</li> </ul>
Claim/Coding Edit	If any of the above apply, please <u>do not use this form</u> and
Payment Dispute	fax or mail the Appeal and all supporting documentation to:
If you have checked a box above,	
mail claim and all supporting	Aetna Better Health of Louisiana
documents to:	Grievances and Appeals
Aetna Better Health of Louisiana	PO Box 81040, 5801 Postal Road
Attn: Cost Containment	Cleveland, OH 44181
P.O. Box 61808	Or Fax: 1-860-607-7657
Phoenix, AZ 85082-1808	

# Please indicate the reason for resubmission and any pertinent details regarding your claim below:

# **Claims Resubmission/Dispute Descriptions**

#### **Itemized Bill**

• All claims associated with an Itemized Bill must be broken out per Rev Code to verify charges billed on the UB match the charges billed on the Itemized Bill.

#### **Duplicate Claim**

- Review request for a claim whose original reason for denial was "duplicate."
- Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed.

#### **Corrected Claim**

 The corrected claim must be clearly identified as a corrected claim by writing or stamping "corrected" claim.

#### **Coordination of Benefits**

 Attach EOB or letter from primary carrier and forward to the claims department identifying as "corrected" claim.

## **Proof of Timely Filing**

- For electronically submitted claims provide the second level of acceptance report.
- Refer to Proof of Timely Filing Requirements in your Provider Manual.

# **Claim/Coding Edit**

• Aetna Better Health of Louisiana uses two (2) claims edit applications. Please refer to the Provider Manual on the Aetna Better Health of Louisiana website

AetnaBetterHealth.com/Louisiana for more information on claim editing.

## **Payment Dispute**

 Network providers may file a payment dispute verbally or in writing directly to Aetna Better Health of Louisiana to resolve billing, payment and other administrative disputes for any reason. For more information, please refer to the Claims and Reimbursement Procedures section of the Aetna Better Health of Louisiana Provider Manual, located on our website at **AetnaBetterHealth.com/Louisiana**. Appeals please refer to the Aetna Better Health of Louisiana Provider Manual, located on our website at **AetnaBetterHealth.com/Louisiana**.

Thank you, Aetna Better Health of Louisiana