



# Aetna Better Health<sup>®</sup> 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 <i>(will contain the letter "c" in the middle)</i>			

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)	
↓ Claim Resubmissions <input type="checkbox"/> Itemized Bill <input type="checkbox"/> Duplicate Claim <input type="checkbox"/> Corrected Claim (note "CORRECTED" on claim)	↓ Examples of Appeals <ul style="list-style-type: none"> <li>• Prior Authorization Appeal</li> <li>• Level of Care Appeal</li> <li>• Medical Necessity Appeal</li> </ul>

<input type="checkbox"/> Proof of Timely Filing	<ul style="list-style-type: none"> <li>Claim/Coding Edit Appeal (necessary when you have submitted a reconsideration and it was returned denied)</li> </ul>
<input type="checkbox"/> Claim/Coding Edit <input type="checkbox"/> Payment Dispute If you have checked a box above, mail claim and all supporting documents to: Aetna Better Health of Louisiana Attn: Cost Containment P.O. Box 982962 El Paso, TX 79998-2962	If any of the above apply, please <u>do not use this form</u> and fax or mail the Appeal and all supporting documentation to:  Aetna Better Health of Louisiana Grievances and Appeals PO Box 81040, 5801 Postal Road Cleveland, OH 44181 Or Fax: 1-860-607-7657

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

<b>Claims Resubmission/Dispute Descriptions</b>
<b>Itemized Bill</b> <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Duplicate Claim</b> <ul style="list-style-type: none"> <li>Review request for a claim whose original reason for denial was "duplicate."</li> <li>Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed.</li> </ul>
<b>Corrected Claim</b> <ul style="list-style-type: none"> <li>The corrected claim must be clearly identified as a corrected claim by writing or stamping "corrected" claim.</li> </ul>
<b>Coordination of Benefits</b> <ul style="list-style-type: none"> <li>Attach EOB or letter from primary carrier and forward to the claims department identifying as "corrected" claim.</li> </ul>
<b>Proof of Timely Filing</b> <ul style="list-style-type: none"> <li>For electronically submitted claims provide the second level of acceptance report.</li> <li>Refer to Proof of Timely Filing Requirements in your Provider Manual.</li> </ul>
<b>Claim/Coding Edit</b> <ul style="list-style-type: none"> <li>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 <b>AetnaBetterHealth.com/Louisiana</b> for more information on claim editing.</li> </ul>
<b>Payment Dispute</b> <ul style="list-style-type: none"> <li>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.</li> </ul>

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](https://www.aetna.com/betterhealth/louisiana)**. Appeals please refer to the Aetna Better Health of Louisiana Provider Manual, located on our website at **[AetnaBetterHealth.com/Louisiana](https://www.aetna.com/betterhealth/louisiana)**.

Thank you,  
Aetna Better Health of Louisiana