



Aetna Better Health® of Louisiana Participating Provider Claims Reconsideration/Dispute Form

Please complete the information below in its entirety and mail with supporting documentation and a copy of your claim to the address listed at the top of this form. Please use one form per member. **To determine if your issue is a claims reconsideration 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 90 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)	
↓ Claim Reconsiderations <input type="checkbox"/> Itemized Bill <input type="checkbox"/> Duplicate Claim <input type="checkbox"/> Corrected Claim (note "CORRECTED" on claim) <input type="checkbox"/> Proof of Timely Filing <input type="checkbox"/> Claim/Coding Reconsideration	↓ Examples of Appeals <ul style="list-style-type: none"> • Prior Authorization Appeal • Level of Care Appeal • Medical Necessity Appeal • Payment Dispute • Claim/Coding Edit Appeal (necessary when you have submitted a reconsideration and it was returned denied)

<p>If you have checked a box above, mail claim and all supporting documents to:</p> <p>Aetna Better Health of Louisiana P.O. Box 61808 Phoenix, AZ 85082-1808 Attn: Cost Containment</p>	<p>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:</p> <p>Aetna Better Health of Louisiana Grievances and Appeals 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062</p> <p>Or Fax: 1-860-607-7657</p>
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Please indicate the reason for resubmission and any pertinent details regarding your claim below:

<p>Claim/Reconsideration Descriptions</p>
<p>Itemized Bill</p> <ul style="list-style-type: none"> 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.
<p>Duplicate Claim</p> <ul style="list-style-type: none"> 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.
<p>Corrected Claim</p> <ul style="list-style-type: none"> The corrected claim must be clearly identified as a corrected claim by writing or stamping "corrected" claim.
<p>Coordination of Benefits</p> <ul style="list-style-type: none"> Attach EOB or letter from primary carrier and forward to the claims department identifying as "corrected" claim.
<p>Proof of Timely Filing</p> <ul style="list-style-type: none"> For electronically submitted claims provide the second level of acceptance report. Refer to Proof of Timely Filing Requirements in your Provider Manual.
<p>Claim/Coding Edit</p> <ul style="list-style-type: none"> 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 www.aetnabetterhealth.com/louisiana for more information on claim editing.

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 www.aetnabetterhealth.com/louisiana. Appeals please refer to the Aetna Better Health of Louisiana Provider Manual, located on our website at www.aetnabetterhealth.com/louisiana.

Thank you,

Aetna Better Health of Louisiana

www.aetnabetterhealth.com/louisiana