



Aetna Better Health[®] of Kentucky

NETWORK NOTICE

Date:	October 15, 2024
To:	All Network Providers
From:	Provider Experience
Subject:	Evaluation and Management (E/M) Program - <i>date correction</i>

Aetna Better Health of Kentucky is implementing a new Evaluation & Management (E/M) Program effective **December 1, 2024**.

The purpose of this policy is to ensure appropriate provider reimbursement in accordance with best practice standards. Beginning on **December 1, 2024**, Aetna Better Health of Kentucky will implement additional enhancements to our claims editing programs that promote correct coding and billing practices.

Overview of the Program:

Appropriate coding should be submitted that correctly describes the health care services rendered. Claim submissions coded with the correct combination of procedure codes(s) are critical to minimize potential delays in claims(s) processing. Claim submissions must contain revenue codes that reflect the services rendered.

ABHKY will evaluate emergency department facility claims to determine if the visit billed at the time was billed at the appropriate level of care. Our system will:

- Evaluates and reviews high-level E&M services for high-coding practitioners, which appear to have been incorrectly coded based upon diagnostic information that appears on the claim, and peer comparison.
- Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria are satisfied based on our risk adjustment process.

If the ED E/M code submitted is higher than the E/M level supported, Aetna Better Health of Kentucky may:

- adjust reimbursement to reflect the lower level of ED E/M code,
- deny claim and provider has the right to appeal by following the dispute resolution process,
- recover payment previously made on the claims that exceeds the determined appropriate E/M level.

Facility next steps:

If you disagree with outcome of the review, you have the right to request an appeal by submitting the portion of the medical record that supports additional reimbursement.

ABHKY will review the submitted medical record(s) to assess the intensity of service and complexity of medical decision-making for the E/M services provided. Grievance or appeals can be submitted online, by phone, email, or mail/fax.

Please visit www.AetnaBetterHealth.com/Kentucky for additional

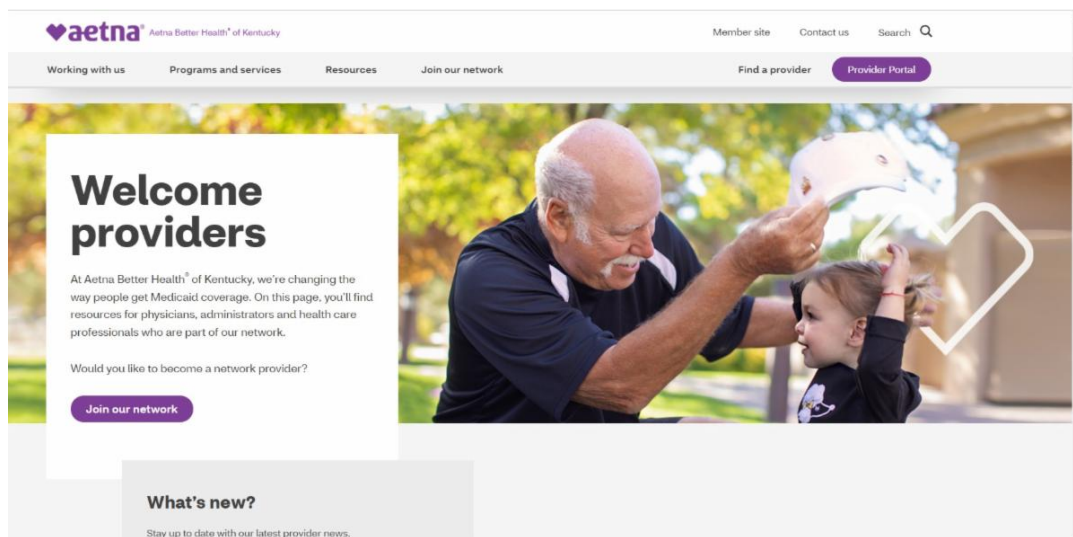
If you have any further questions, please reach out to your provider relations representative, or call provider services at **1-855-300-5528**.



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



Still have questions?

Take advantage of our CONTACT US WEB FORM. This form allows you to share the right information from the start, so you don't have to spend valuable time tracking down the help you need. As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department.

<https://www.aetnabetterhealth.com/kentucky/providers/contact-us.html>

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

[Network Relations Contact Information.pdf \(aetnabetterhealth.com\)](#)

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



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