

Billing and Claims Quick Reference Guide

The Aetna Better Health® Kids Billing and Claims Quick Reference Guide serves as a useful resource to providers and staff to aid in understanding Aetna Better Health® Kids' billing protocols and to ensure timely and accurate payment for eligible covered services.

Who will benefit from this guide

This guide will be beneficial to those staff whose duties are to:

- Maintain provider records
- Submit fee for service (FFS) to Aetna Better Health® Kids
- Post and reconcile payments

What this guide covers

- Promise Billing Requirements
- Requirements for filing claims.
- Modifiers 25 and 59
- Resources

Note: Aetna Better Health® Kids incorporates the National Correct Coding Initiative (NCCI) edits into its claims policy and procedures as announced by PA DHS MAB 99-11-10.

NCCI was developed by CMS to promote national correct coding methodologies and to control improper coding leading to improper payment in outpatient claims. NCCI has two components: Procedure to Procedure (PTP) edits and Medically Unlikely (MUE) edits.

In accordance with the Patient Protection and Affordable Care Act (ACA) and as a State CHIP Managed Care Organization (MCO), Aetna Better Health® Kids has incorporated NCCI methodologies in its claims processing systems.

Quick Reference Guide

Appeals	Complaints Grievances & Appeals PO Box 81040 5801 Postal Road Cleveland, OH 4418 Email: PAMedicaidAppeals&Grievance@Aetna.com Fax: 1-860-754-1757
Claims Address	Aetna Better Health® Kids P.O. Box #982973 El Paso, TX 79998-2973
Claims Inquiry Claims Research Customer Service (CICR)	Phone: 1-866-638-1232
EDI Payer ID Number	Change Healthcare (formerly Emdeon): 23228
EFT Form Link	AetnaBetterHealth.com/pennsylvania/providers/forms
ERA Form Link	AetnaBetterHealth.com/pennsylvania/providers/forms
eviCORE • Cardiology • Pain Management • Radiology	Phone: 1-888-693-3211 Fax: 1-844-822-3892 eviCore.com
Mailing Address, Phone Number, Fax Number	Aetna Better Health® Kids 1425 Union Meeting Road Blue Bell, PA 19422 Phone: 1-866-638-1232
Prior Authorization	Phone: 1-866-638-1232 Fax: 1-877-363-8120
Provider Education Resources	AetnaBetterHealth.com/pennsylvania/providers/education

PROMISe ID Number Requirements

- Providers must enroll in the Commonwealth of PA's Medical Assistance (MA) Program.
- To enroll or validate PROMISe ID's use the attached link: <https://provider.enrollment.dpw.state.pa.us/>.
- CHIP Providers must have a valid PROMISe Identification Number (PROMISe ID) for every service location where they practice.
- DHS uses the NPI and taxonomy submitted on claims to validate the enrollment of providers in PROMISe.
- The NPI, taxonomy and Zip+4 submitted on the claim is used to identify registered service locations.

Timely Filing Guidelines

The guidelines below are applicable unless otherwise specified in your provider contract.

Initial Claims	180 Days from the date of service
Claim Corrections	365 Days from the date of the Provider Remittance
Claim Appeals	60 Days from the date of notification

Common Modifiers	
Mod 25	<ul style="list-style-type: none"> • Usde to append an E&M service • Identifies a significant, separately identifiable evaluation and management (E/M) service
Mod 59	<p>Distinct Procedural Service</p> <ul style="list-style-type: none"> • Used to identify procedures (non E&M) that are not normally reported together
Mod 50	<p>Bilateral Procedure</p> <ul style="list-style-type: none"> • Indicate 2 units on claim

Multiple Surgical Guidelines	
Professional Billing	<ul style="list-style-type: none"> • 100% for the highest allowable payment • 25% for the second highest allowable payment • No payment for additional procedures
Facility Outpatient Billing	<ul style="list-style-type: none"> • 100% for the highest paying procedure • No allowance for additional procedures

Inpatient Hospital Services	
10/1/2018	<p>APR DRG Version 36</p> <ul style="list-style-type: none"> • Inpatient services with discharges on or after October 1, 2018
10/1/2019	<p>APR DRG Version 37</p> <ul style="list-style-type: none"> • Inpatient services with discharges on or after October 1, 2019

Claim Submission Format	
Professional	Submit via CMS 1500 (02/12) or via 837P format.
Institutional Facility	Submit via CMS 1450 (UB-04) or via 837I format.
Corrected	<ul style="list-style-type: none"> • Corrected facility and professional claims can be submitted electronically or via paper. • Original claim number must be used. • Correct type of bill must be used.

Ambulatory Surgical Centers - Effective 1/1/2020	
All Ambulatory Surgery Centers billing on a UB-04 for services should use type of bill 08XX and not the 013X used for outpatient facilities.	
First Digit	<p>Type of Facility</p> <ul style="list-style-type: none"> • Always enter "8" to indicate special facility
Second Digit	<p>Bill Classification</p> <ul style="list-style-type: none"> • Enter "3" to indicate outpatient or "4" for Hospital Special Treatment room
Third Digit	<p>Frequency</p> <ul style="list-style-type: none"> • Enter "0" – Non-Payment/Zero claim • Enter "1" – Admit through discharge claim • Enter "7" – Replacement of a prior claim

Coordination of Benefits

Aetna Better Health® Kids is the primary payer on the following services:

Preventive Care

- Prenatal or preventive pediatric care (including EPSDT services), and services to children having medical coverage under a Title IV-D child support order
- Aetna Better Health is generally the “payer of last resort” on all other services. Providers must bill third party insurance before submitting the claim to Aetna Better Health® Kids. Aetna Better Health® Kids will pay the difference between the primary insurance payment and the allowable amount. **Members may not be balance billed.**

Submit Encounter Data for All Services

- DHS requires Aetna Better Health® Kids to receive all encounter data to accurately capture member utilization.
- Claims with Third Party Liability (TPL) involvement require claim submission when there is no payment due from Aetna Better Health® Kids.
- Claims with payments received from a primary payor should be submitted to Aetna Better Health® Kids with the primary EOB for reporting purposes.
- It is important for DHS to know what services have been rendered for Medicaid Services.

For more on the importance of encounter data, please visit our website:

[AetnaBetterHealth.com/pennsylvania/assets/pdf/provider/notices/Submission%20of%20All%20Encounter%20Data_SP_FINAL.pdf](https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/Submission%20of%20All%20Encounter%20Data_SP_FINAL.pdf)

DHS OP Fee Schedule

humanservices.state.pa.us/outpatientfeeschedule

Injectable Drugs

All injectable drugs should be submitted with the NDC code and a valid HCPCS Code.

- The injectable drugs must be rebateable in order to receive payment.
 - The N4 Qualifier should proceed the NDC number
 - The NDC unit of measure (F2, GR, ML, UN)
 - NDC units dispensed must be greater than 0
- In order to determine if an injectable is rebateable, use one of the sources:
 - <https://data.medicaid.gov/Drug-Pricing-and-Payment/Drug-Products-in-the-Medicaid-Drug-Rebate-Program/v48d-4e3e/data>
 - [Reimbursementcodes.com](https://www.reimbursementcodes.com)

Updating Demographic Information

- Network Providers should contact their Provider Relations Consultant or Provider Services with changes to their demographic information.
- Network Providers may verify their demographic data at any time using the “real-time” Provider Network directory at [AetnaBetterHealth.com/pennsylvania/find-provider](https://www.aetna.com/betterhealth/pennsylvania/find-provider).
- Requests for changes to address, phone number, tax I.D., or additions and/or deletions to group practices must be made through the online Provider Change Form: <https://medicaidportal.aetna.com/mcainteractiveforms/ProviderForms/ProviderDemographicChangesForm.aspx>.
- You can also update us via a paper change form: [AetnaBetterHealth.com/pennsylvania/assets/pdf/provider/provider-forms/practitioner-information-change-form-PA2018.pdf](https://www.aetna.com/betterhealth/pennsylvania/assets/pdf/provider/provider-forms/practitioner-information-change-form-PA2018.pdf).
 - Email change form to: paabhproviderrelationsmailbox@Aetna.com
 - Or mail to:
 Aetna Better Health® Kids
 Attention: Provider Relations
 2000 Market Street, Suite 850
 Philadelphia, PA 19103

Additional Billing Related Information

Please refer to the DHS website for detailed information regarding provider billing requirements: dhs.pa.gov/providers/PROMISE_Guides/Pages/PROMISE-Handbooks.aspx

Anesthesia	<ul style="list-style-type: none"> • Services must be reported using anesthesia ASA procedure codes. • All services should be billed in minutes.
Chiropractic Services	<ul style="list-style-type: none"> • Claims for chiropractic services should be submitted using the CMS 1500 form or via 837 electronic format. • Covered services include exam and manipulation of the spine. • Non-Covered services include physical therapy.
DME	<ul style="list-style-type: none"> • Claims for DME services should be submitted using the CMS 1500 form or via 837 electronic format. • DME rental claims are only paid up to the purchase price of the equipment.
Family Planning	<ul style="list-style-type: none"> • Eligible services must be billed with the “FP” modifier.
OP Hospital	<ul style="list-style-type: none"> • All revenue codes billed on a outpatient UB-04 require a corresponding HCPCS code. • Rev Code 710 is not a billable code for outpatient facility claims.
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> • FAQs for eligible CHC members regarding Skilled Nursing Facility services can be found in the following Aetna Better Health® Kids notification: AetnaBetterHealth.com/pennsylvania/providers/notices. Click on FAQs and select the Skilled Nursing Facility notice.