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# Aetna better health claims appeal form

You may disagree with a claim or utilization review decision. Discover how to submit a dispute. Learn about the timeframe for appeals and reconsiderations. And find contact information. Learn about the dispute process Read our FAQs. We have answers to many questions, including: What is a dispute? What is the procedure for disputing a claim decision? What is a reconsideration? What is an appeal? See FAQs Health care providers can use the Aetna dispute and appeal process if they do not agree with a claim or utilization review decision. The process includes: Peer to Peer Review - Aetna offers providers an opportunity to present additional information and discuss their cases with a peer-to-peer reviewer, as part of the utilization review coverage determination process. The timing of the review is prior to an appeal and incorporates state, federal, CMS and NCQA requirements. Reconsiderations: Formal reviews of claims reimbursements or coding decisions, or claims that require reprocessing. Appeals: Requests to change a reconsideration decision, an initial utilization review decision, or an initial claim decision based on medical necessity or experimental/investigational coverage criteria. To help us resolve the dispute, we'll need: A completed copy of the appropriate form The reasons why you disagree with our decision A copy of the denial letter or Explanation of Benefits letter The original claim Documents that support your position (for example, medical records and office notes) Find dispute and appeal forms Read our dispute process FAQs Or contact our Provider Service Center (staffed 8 a.m. – 5 p.m. local time): Timeframes for reconsiderations and appeals Reconsideration Within 180 calendar days of the initial claim decision Within 3-5 business days of receiving the request. Within 30 business days of receiving the request if review by a specialty unit is needed. Call: See phone numbers above. Write: See  mailing addresses below. Submit online through your secure provider website. Appeals Within 60 calendar days of the previous decision.* Within 60 calendar days of receiving the request. If additional information is needed, within 60 calendar days of receiving that information. Call: See phone numbers above. Write: Aetna Provider Resolution Team PO Box 14020 Lexington, KY 40512. Mailing addresses for reconsiderations AL, AK, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NC, NM, NV, OR, SC, UT, TN, WA Aetna Provider Resolution Team PO Box 14079 Lexington, KY 40512-4079 CO, CT, DC, DE, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MT, NE, ND, NH, NJ, NY, OH, OK, PA, RI, SD, TX, VA, VT, WI, WV, WY Aetna Provider Resolution Team PO Box 981106 El Paso, TX 79998-1106 We have made changes to the complaint and appeal process for practitioners: There is now only one level of appeal, rather than two levels. All appeals must be submitted in writing, using the Aetna Provider Complaint and Appeal form.  These changes do NOT affect member appeals. Expedited, urgent, and pre-service appeals are considered member appeals and are not affected. Get a Provider Complaint and Appeal form  As of March 1, 2017, the change affected all Aetna medical plans, including Aetna Medicare plans. Non-participating Aetna Medicare providers' disputes about rate issues and contractual denials also are affected as of the March 1 date. The change also affects all Aetna dental plans. For these plans, changes went into effect May 21, 2017. Actemra® (Tocilizumab) Precertification Request (PDF) ADAKVEO® (crizanlizumab) Medication Precertification Request (PDF) Adcetris® (Brentuximab Vedotin) Injectable Medication Precertification Request (PDF) Aldurazyme® (laronidase) Medication Precertification Request (PDF) Alpha 1 Antitrypsin Inhibitor Therapy Precertification Request (PDF) Aranesp® (darbepoetin alfa) Medication Precertification Request (PDF) Avastin™ (bevacizumab) Mvasi™ (bevacizumab-awwb) Zirabev™ (bevacizumab-bvzr) Medication Precertification Request (PDF) Aveed Medication Precertification Request (PDF) Avsola™ (infliximab-axxq) Injectable Medication Precertification Request (PDF) Bavencio®(Avelumab) Medication Precertification Request (PDF) Bendamustine (Treanda®, Bendeka®, Belrapzo™) Medication Precertification Request (PDF) Benlysta®(Belimumab) Injectable Medication Precertification Request (PDF) Beovu® (brolucizumab-dbll) Injectable Medication Precertification Request (PDF) Berinert® (C1 esterase inhibitor, 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Form (PDF) Dysport® (abobotulinumtoxinA) Injectable Medication Precertification Request (PDF) Elaprase® (idursulfase) Medication Precertification Request (PDF) Elelyso® (taliglucerase alfa) Medication Precertification Request (PDF) Eligard® (leuprolide acetate suspension) Medication Precertification Request (PDF) Empliciti™ (Elotuzumab) Medication Precertification Request (PDF) Enhertu® (fam-trastuzumab deruxtecan-nxki) Medication Precertification Request (PDF) Entyvio® (Vedolizumab) Injectable Medication Precertification Request (PDF) Epogen® -Procrit® -Retacrit™ (epoetin alfa) Medication Precertification Request (PDF) Epoprostenol, FLOLAN, VELETRI® (epoprostenol) Medication Precertification Request (PDF) Erbitux® (Cetuximab) Injectable medication precertification Request (PDF) Evrysdi™ (risdiplam) Medication Precertification Request (PDF) Exondys51® (Eteplirsen) Injectable Precertification Request (PDF) Eylea® (Aflibercept) Injectable Precertification Request (PDF) Fabrazyme® 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