



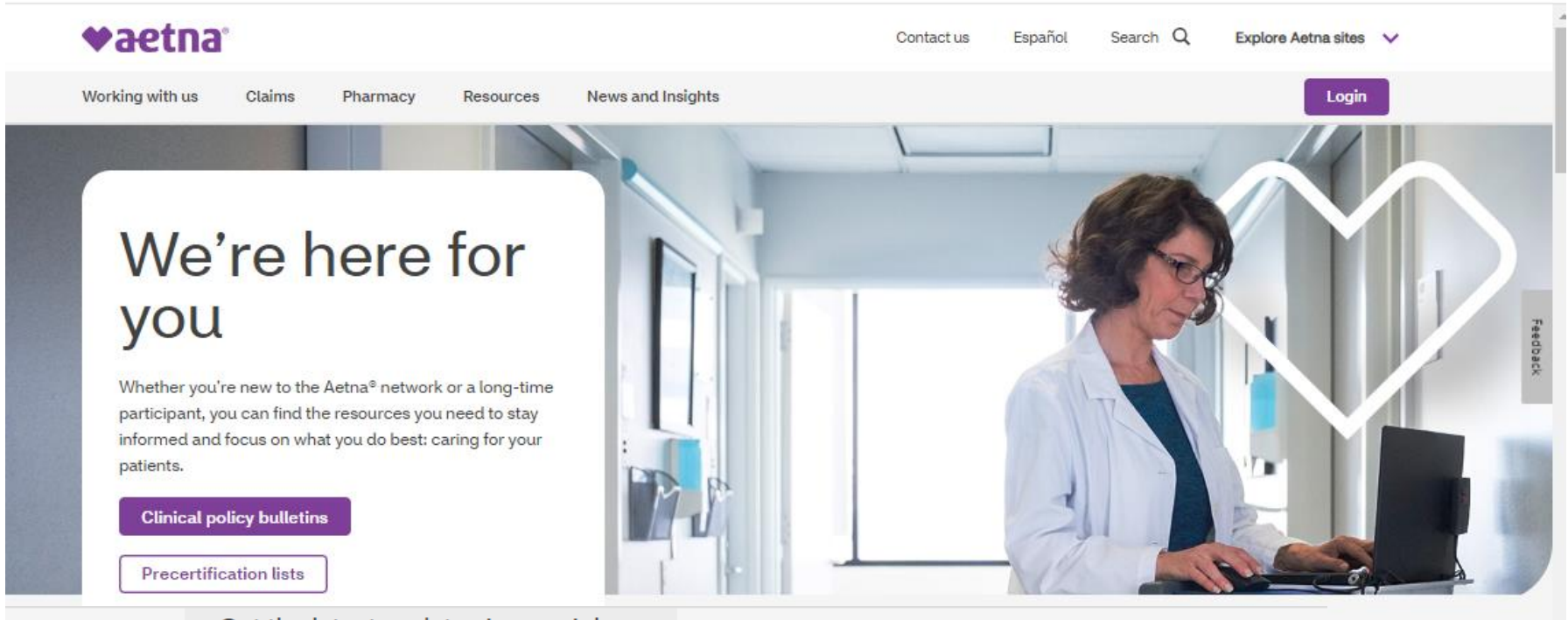
Aetna Updates

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 aetna™



Visit Aetna.com Easy Resources

<https://www.aetna.com/health-care-professionals.html>



The header features the Aetna logo on the left, and navigation links for 'Contact us', 'Español', 'Search', and 'Explore Aetna sites' on the right. Below the header is a secondary navigation bar with links for 'Working with us', 'Claims', 'Pharmacy', 'Resources', and 'News and Insights', along with a 'Login' button. The hero section has a background image of a female doctor in a white lab coat working at a computer. A large white heart outline is overlaid on the image. On the right side of the hero image, there is a vertical 'Feedback' button.

We're here for you

Whether you're new to the Aetna® network or a long-time participant, you can find the resources you need to stay informed and focus on what you do best: caring for your patients.

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[Precertification lists](#)

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Everything you need to get started joining the powerful Aetna network of health care professionals.



[Find a form >](#)

Forms and applications for health care professionals and patients, all in one place.



[Read OfficeLink Updates >](#)

Updates on plans, procedures, drug lists, Medicare and state-specific information.

We'd like to let you know about our "Is Authorization Required" function!

We often get questions about whether an authorization/precertification is needed. We want to help providers get the answers they need as soon as they need them, so we've added a new Is Auth Required process on our provider portal on Availity®.

What's being added

Providers can complete Authorization Add transaction on Availity and find out if authorization is required for services before submit the request.

Start the request like usual – include required info, like:

- Member's information
- Service type
- Place of service
- Current Procedural Terminology (CPT) code
- National Provider Identifier (NPI)

- ❖ If the request is for inpatient services, there won't be any changes.
- ❖ For outpatient requests, they'll notice a change after entering the NPIs and clicking the NEXT button.

There's three responses that could return:

1. Precert Not Required

- or No Action Required, there's a "Print" button to print/keep response for records

2. Precert Required

- a "Next" button will appear to move to next step and submit

3. Precert Required though a delegated organization

- along with message on who to contact (i.e Evicore)

- ❖ If authorization is not required, there's nothing else the provider will have to do.
- ❖ If authorization is needed, the system will guide you through next steps.



What lines of business will this affect? A: Commercial and Medicare




What happens if logic can't determine if auth required?

A: it will respond with an "Undetermined", then provider will continue to step four and proceed with submitting auth request.

Scenario 1) Precert Not Required

- 1 Start an Authorization
- 2 Add Service Information
- 3 **Rendering Provider/Facility**
- 4 Add Attachments
- 5 Review and Submit

Requesting a drug authorization? Submit your request through the Novologix portal instead. You can find Novologix in "Drug Prior Authorizations".

Patient			
Member ID	Date of Birth	Gender	
Eligibility Status	Group Number	Plan / Coverage Date	
Transaction Type	Organization	Payer	
Active Coverage		AETNA (COMMERCIAL & MEDICARE)	
Inpatient Authorization	Aetna		

Transaction ID: Not Found Customer ID: Transaction Date: NA

No Authorization Required

Service Type	Place of Service	Admission - Discharge Date
Admission Type	Quantity	
Diagnosis Code 1		
Procedure Code 1	Quantity	Procedure From - To Date
Status	Message	
NO AUTH REQUIRED	Prior authorization is not required. No further action is required.	


Print

In this example, authorization is not required. You may print the page, if you'd like.

Scenario 2) Precert Required

1 Start an Authorization 2 Add Service Information 3 **Rendering Provider/Facility** 4 Add Attachments 5 Review and Submit

Requesting a drug authorization? Submit your request through the Novologix portal instead. You can find Novologix in "Drug Prior Authorizations".

Member ID: [Redacted] Patient Date of Birth: [Redacted] Gender: [Redacted] 

Eligibility Status: Active Coverage Group Number: [Redacted] Plan / Coverage Date: [Redacted]

Transaction Type: [Redacted] Organization: Aetna Payer: AETNA (COMMERCIAL & MEDICARE)

Transaction ID: Not Found Customer ID: [Redacted] Transaction Date: NA

Authorization Required

Service Type: [Redacted] Place of Service: [Redacted] Admission - Discharge Date: [Redacted]

Admission Type: [Redacted] Quantity: [Redacted]

Diagnosis Code 1: [Redacted]

Procedure Code 1: [Redacted] Quantity: [Redacted] Procedure From - To Date: [Redacted]

Status: **AUTH REQUIRED**

Message: One or more procedures require prior authorization. Proceed with your request.


Print **Next Steps**

In this example, authorization is required. Press the "Next Steps" button to proceed with your request.

Scenario 3) Precert Required though a delegated organization

1 Start an Authorization 2 Add Service Information 3 **Rendering Provider/Facility** 4 Add Attachments 5 Review and Submit

❗ Requesting a drug authorization? Submit your request through the Novologix portal instead. You can find Novologix in "Drug Prior Authorizations".

Member ID: [Redacted] Date of Birth: [Redacted] Gender: [Redacted] 

Transaction Type: Inpatient Authorization Organization: Aetna Payer: AETNA (COMMERCIAL & MEDICARE)

Transaction ID: [Redacted] Customer ID: [Redacted] Transaction Date: [Redacted]

Authorization Required

Service Type	Place of Service	Admission - Discharge Date
1 - Medical Care	21 - Inpatient Hospital	[Redacted]

Admission Type: Elective Quantity: [Redacted]

Diagnosis Code 1: [Redacted]

Procedure Code 1	Quantity	Procedure From - To Date
[Redacted]	1 Units	[Redacted]

Status: AUTH REQUIRED

Message: Delegated
One or more procedures in your request is Delegated to another organization named [Redacted]
Please contact them at: [Redacted]

Procedure Code 2	Quantity	Procedure From - To Date
[Redacted]	1 Units	[Redacted]

Status: AUTH REQUIRED

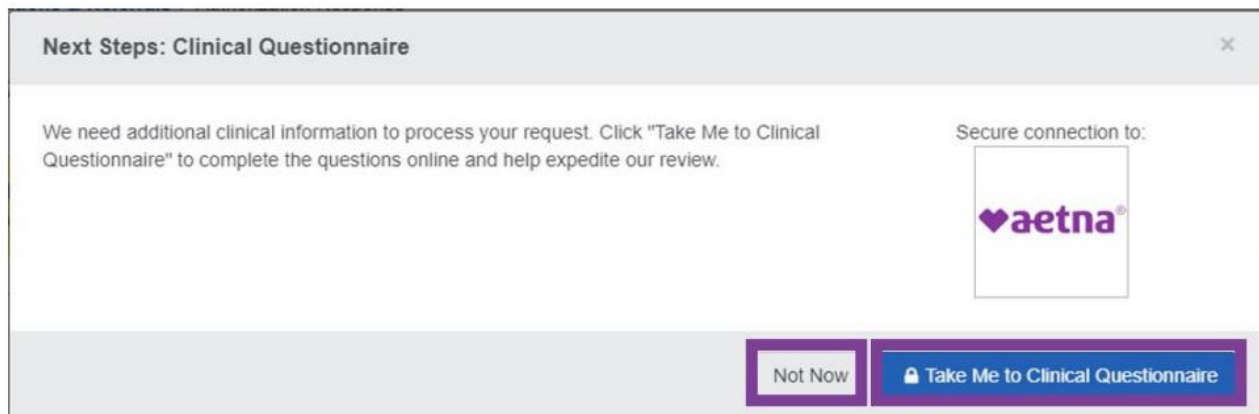
Message: Delegated
One or more procedures in your request is Delegated to another organization named [Redacted]
Please contact them at: [Redacted]

[Print](#) [Next Steps](#)

In this example, authorization is required, but the service is delegated to another organization. We will provide the name and telephone number of the delegated organization.

Clinical Questionnaire

When providers submit an authorization for certain services, we may pend their request and ask them for additional clinical information, they will see this pop-up screen:



- Questions will vary depending on the type of service requesting auth for and vary from patient to patient, but will only take a couple minutes.
- Supports both Inpatient and Outpatient requests
- Once you've submitted Aetna will either approve or pend for additional info
- If you received automatic approval all done, see event as Certified in Total under Availability Auth/Referral Dashboard
- If receive a pended response, may upload additional clinical doc's through the Auth/Referral Dashboard (click on event and then add attachments button) or complete an Auth Inquiry transaction.
- For pended cases, non-urgent turnaround time is around 15 days.

Clinical Questionnaire (Cont.)

Providers may use the inpatient clinical questionnaire to share discharge and disposition information. We'll ask them whether they've discharged their patient. If so, we'll also ask them the date and place they were discharged.

Inpatient clinical questionnaire

When the patient's bed days are complete, we'll send the provider a notification from MedCompass to their Availity Authorization/Referral dashboard. If they see a blue triangle, this means an action is required.. Once they go to the clinical questionnaire, they'll need to answer a maximum of two questions:

- Have they discharged the patient?
- If so, when and where?

Benefits of completing the questionnaire

When providers complete the questionnaire on Availity it:

- Keeps everything in one place
- Helps expedite our review
- Gives us what we need to review the case
- Reduces phone calls between providers and us

Note: though a procedure may be supported by the clinical questionnaire, providers may not always get an invitation to complete it.

You can now view authorization status letters on Availity

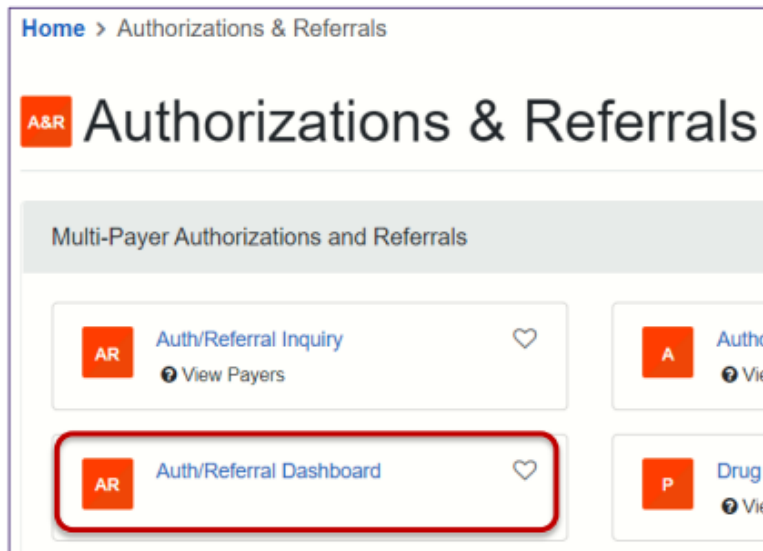
No need to wait for them to be delivered in the mail. You can access them right from your authorization dashboard. In our first release of this new functionality, you'll have access to six different authorization status letters.

These letters will no longer be mailed to you:

- Standard Insufficient Info Request letter
- Standard Coordination of Benefits letter
- Medicare Notice of Auth of Service letter
- Medicare Notice of Denial of Coverage letter
- Standard Medical Necessity/Admin Denial or Combo
- Standard Medical Necessity/Admin Approval

Throughout this year, we'll continue to digitalize all our paper authorization letters. As they are completed, we'll make them available on Availity and stop mailing paper to you.

If a digital letter associated to an authorization status is available, you can access it from the Authorization dashboard.



If the initial authorization was submitted on Availity, and there is a letter associated to the decision status

- A **paper clip** will display as notification a status decision letter is available.

Auth/Referral Dashboard

Give Feedback New Request

Search Search Sort by: Last Updated List View Detail View

Filter List Applied Filters: STATUS: ALL TYPE: OUTPATIENT TYPE: INPATIENT ORGANIZATION: ALL PAYER: AETNA (COMMERCIAL & MEDICARE) DATE RANGE: ALL

All Items Followed Items Drafts Trash

Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Outpatient	220302067995	BARNEY COTTER 3008511838, DOB: 01/01/1945	AETNA (COMMERCIAL & MEDICARE)	2022-03-02	12 minutes ago	NA	PARTIALLY APPROVED	[Menu] [Star]
Authorization Outpatient	220330073634	SHEA STOVIAK W195419336, DOB: 03/19/1982	AETNA (COMMERCIAL & MEDICARE)	2022-04-05	1 hour ago	NA	APPROVED	[Menu] [Star]
Authorization Inpatient	220404073939	BARNEY COTTER 3008511838, DOB: 01/01/1945	AETNA (COMMERCIAL & MEDICARE)	2022-04-04	2 hours ago	2022-04-04 - NA	APPROVED	[Menu] [Star]

- Click on the **Paper Clip** to take you to the View Details card.
- Or click **View/Action** then **View Details**

Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Outpatient	220302067995	BARNEY COTTER 3008511838, DOB: 01/01/1945	AETNA (COMMERCIAL & MEDICARE)	2022-03-02	12 minutes ago	NA	PARTIALLY APPROVED	[Menu] [Star]
Authorization Outpatient	220330073634	SHEA STOVIAK W195419336, DOB: 03/19/1982	AETNA (COMMERCIAL & MEDICARE)	2022-04-05	1 hour ago	NA	APP	[Menu] [Star]

**Within the View Details card, a new Health Plan Correspondence(s) section has been added.
You must scroll down to this section.**

Authorization Information

Health Plan Correspondence(s)

i

- As we move forward in digitalizing Authorization decision correspondence, you may receive duplicate or additional paper correspondence related to the Authorization via USPS.
- We are working to consolidate Authorization provider correspondence to one provider view. Until that is complete, please disregard the "address to" field.

Attachment 1	Attachment 2
File Name Medicare Notice of Denial of Med Cov - MED	File Name Standard Medical Necessity/ Admin Denial or Combo
Document Id 6Sq5l-swY11cYS-IQIW-xykN-EBeQ-1JGNE8EOUUsz	Document Id 1YRrA-qeOAV3Zw-RSZA-X2vd-rzsF-UTXpL29Th3xf
Recipient Name(s) AL BENSON KISHWAUKEE COMMUNITY HOSPITAL	Recipient Name(s) AL BENSON KISHWAUKEE COMMUNITY HOSPITAL

Close Window Print Follow this item Move

✓ **File Name**

This column contains the link to a status decision letter. Simply click on the link to open the letter where you can download, print, or save it.

✓ **Document ID**

This information is the document identification label. Please use this ID as reference if you encounter issues with accessing the digital letter.

✓ **Recipient Name(s)**

These names identify the Provider(s) associated to the auth to which the status decision letter is being shared with. Only Requesting and Rendering providers will be listed.

- Please note: a member's PCP will not be included in this list even though you may see a letter addressed to them for awareness.

Auth Electronic Response FAQ's

As previously mentioned, at this time only six status decision letters will display digitally.

- Throughout 2023/2024, we'll continue to digitalize all our paper authorization letters. As they are completed, we'll make them available on Availity and stop mailing paper to you.
 - Until all letters are digitalized, if an authorization status change triggers multiple/subsequent decision letters, you may see a digital letter(s) on Availity and receive additional paper letter(s) associated to the same authorization in the mail.

- At this time, we do not display one consolidated letter that is addressed to all providers associated to a particular authorization. Therefore, when you open a letter, you may see that it is not addressed to you, but to another provider or to the member's PCP. All Requesting and Rendering providers will be listed within the content of the digital letter.
 - In a future enhancement, we'll be making changes to display one consolidated provider letter without address information.

Authorizations not initially submitted on Availity

- For authorizations not submitted on Availity, you'll continue to receive a paper copy of the letter in addition to being able to access a digital version on Availity.
 - To access the digital letter, you must first submit an Authorization Inquiry populating all the required fields along with the Authorization number in the Service information field.
 - Once the response is returned, you must "Pin" the authorization inquiry to your dashboard, and then navigate over to the Authorization Dashboard. In this situation the "paperclip" notification will not display. You must navigate to the View Details card by clicking View/Action then View Details. Scroll down to the Health Plan Correspondence(s) section to see if a digital letter is available.

Digital letter retention

The digital letter is available to view/access within the dashboard authorization details card as long as the authorization continues to display on the dashboard. The following steps must be taken to gain access to the digital letter again, after an authorization expires from the dashboard.

- 1) you must submit a new authorization inquiry and pin the results to your dashboard to access a digital letter.
 - 2) From the dashboard, you must then go to view details to access the digital letter under the Health Plan Correspondence section.
-

Provider training

Direct providers to [AetnaWebinars.com](https://www.aetna.com/webinars) to register for our monthly “Authorizations on Availity®” webinar held on the second Wednesday of every month.

Who can register?

Any provider and staff member, regardless of participation status with Aetna®, can sign up. It’s a great idea to [register for Availity](#) before joining us.

Webinars run for about an hour. We leave time for questions, so you get answers on the spot.

Working with Aetna on Availity®

Get a supersized overview of how to use the Availity provider portal to work with us, plus trainer tips and tricks to navigate your way.

First Tuesday of every month, from 2:00 PM to 3:30 PM ET

[Register for webinar >](#)

Authorizations on Availity

Manage precertification? We’ll show you how to look up procedure codes that require preauthorization, submit requests and other key tasks.

Second Wednesday of every month, from 2:00 PM to 3:15 PM ET

[Register for webinar >](#)

Claim management using Availity

Involved in revenue cycle management? This webinar is for you. Learn how to use the Availity portal to submit, manage and dispute claims.

Third Thursday of every month, from 2:00 PM to 3:15 PM ET

[Register for webinar >](#)

Submitting drug prior authorization requests using Novologix®

Learn how to access Novologix through the Availity provider portal to submit a specialty drug prior authorization; initiate a National Comprehensive Cancer Network regimen (NCCN) and check the status of a request.

Second Thursday of every month, from 1:00 PM to 2:00 PM ET

[Register for webinar >](#)

Doing business with Aetna - new provider onboarding webinar

New to Aetna? Start here to learn about tools, resources and processes that’ll make your day-to-day tasks with us simple and quick. Open to existing providers and staff as well.

Second Tuesday and third Wednesday of every month, from 1:00 PM to 2:15 PM ET

[Register for Tuesday webinar >](#)

[Register for Wednesday webinar >](#)

All Policies Available on Availity

How do find the full Policy?

Simple, once logged into Availity in upper right Keyword Search bar just start typing.... i.e. "Mid level" or " Multiple Procedure" all related policies will pop up below.

Or under Payer Space, choose correct Payer and then find "Resources" here you will find A full alphabetic list of all policies.

The screenshot shows the Availity user interface. At the top, there is a navigation bar with 'Home', 'Notifications 1', 'My Favorites', 'Michigan', 'Help & Training', 'Kiley's Account', and 'Logout'. Below this is a secondary navigation bar with 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A 'Keyword Search' bar is located in the top right corner, highlighted with a red arrow. The main content area has tabs for 'Applications', 'Resources 2', and 'News and Announcements 2'. The 'Resources' tab is highlighted with a red box and an arrow. Below the tabs, there is a disclaimer: 'THESE LINKS MAY REFLECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!'. A 'Filter By Category' section is on the left, listing various categories with checkboxes and counts. The main list of resources includes:

- 2022 Aetna Individual Medicare Advantage Prescription Drug (MAPD) Plans: 100-Day Supply (01/07/2022)
- Add-On Code List (06/21/2021)
- Add-On Codes (06/21/2021)
- Aetna Benefits Product Guide (05/15/2019)
- Aetna Enhanced Grouper Information (07/01/2022)
- Aetna Medicare PPO with Extended Service Area (09/16/2022)
Click to read more about Aetna Medicare PPO with Extended Service Area.
- Aetna Smart Compare (10/14/2022)
Aetna Smart Compare designations identify high-performing providers based on well-accepted industry standards. Click here to read more.

Other questions, go to our [Contact Aetna](#) page or use the "Contact Us" form located on Availity.

Did you know can submit Appeals Electronically?

First find the claim in Claim Status, If Denied or Finalized then a Dispute Claim Option will Appear

- You will have a chance to attach documents, (if not then is a recon where no info necessary, can go back and attach in claim status again if feel necessary).
- For appeal send all docs needed- **NEW if submitting online DO NOT NEED to INCLUDE APPEAL FORM.**
- Want Appeal help, top right find link to watch a demo for appeals

The screenshot displays the Aetna claim status interface. It features three claim cards, each with the Aetna logo and a status indicator circled in red. The first card is for claim EGTXVBJ3200, status 'Submitted - Reconsideration', with a billed amount of \$71.00 and a payment amount of \$26.62. The second card is for claim ELPCX09BP, status 'Initiated - Reconsideration', with a billed amount of \$167,473.26 and a payment amount of 0. The third card is for claim EMTXVWRBH00, status 'Initiated - Appeal', with a billed amount of \$1,130.00. A dropdown menu is open for the second claim, showing options: 'Complete Dispute Request', 'Delete Initiated Appeal', and 'View Details'. The 'Complete Dispute Request' option is also circled in red. Each claim card includes a table of details: Claim Number, Payment Information, Patient Name, Service Begin Date, Billed Amount, Method of Receipt, Payment Date, Patient Account Number, Service End Date, and Payment Amount.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
EGTXVBJ3200	821302000268574	[REDACTED]	09/24/2021	\$71.00
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity	11/03/2021	694360-01	09/24/2021	\$26.62

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
ELPCX09BP	882207701000778	[REDACTED]	02/11/2022	\$167,473.26
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
	03/18/2022	100058763500	02/11/2022	0

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
EMTXVWRBH00	821328000516451	[REDACTED]	11/04/2021	\$1,130.00

When review completed it will turn to "Finalized" and then either updated EOB or response letter sent. Aetna Inc. 15

X12N 275 Transaction

We're pleased to introduce you to the X12N 275 6020 version EDI Claim Attachments transaction. Its purpose is to allow providers to send additional information to us electronically in a standard format. While we accept additional information through our provider portal on Availity, the solution on Availity isn't the same as the X12N 275 transaction.

How it works, Providers must send us two transactions:

1. The electronic claim (X12N 837)
2. The EDI attachment (X12N 275)

We'll receive the electronic claim with a provider-assigned code for the attachment. Once we receive the attachment, we'll match the claim and the attachment for internal viewing.

Currently, we're working with the following four clearinghouses to deliver EDI attachments to us:

- Availity
- Change Healthcare
- PNT Data
- Waystar
- We'll add additional clearinghouses in the future.

What's happening now and later?

We'll support unsolicited EDI attachments for electronically submitted professional, institutional and dental claims. (An unsolicited attachment is additional information sent to us that we didn't request. But the provider assumes we need more information to make a benefit decision.)

We'll support solicited EDI attachments in the future.

Contact Aetna Provider Services Online

Logged in through Availity so can submit specific details

The screenshot shows the Aetna Availity portal interface. At the top, there is a navigation bar with links for Home, Notifications, My Favorites, Michigan, Help & Training, Kiley's Account, and Logout. Below this is a secondary navigation bar with links for Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar in the top right corner contains the text 'contact us' and is circled in red. The main content area is titled 'Contact Us' and includes a 'Give Feedback' button. Below this is an 'Attention!' section with a warning icon and text: 'Dental Only Providers: This Availity Portal Application is not supported for dental only providers. Please visit www.Aetna.com for assistance and/or list of Dental Clearinghouses for Aetna.' The 'Sender Info' section contains fields for Sender First Name (Kiley), Sender Last Name (Radel), Email Address, and Practice Location. On the right side, there is a 'Top Hit - Help and Tips' section with a link to 'Need help? Contact Availity at 1-800-AVALITY (1-800-282-4548)'. Below this is a 'Help and Tips' section with links for 'Get Support via Chat', 'Maintain User', and 'Search Availity's help system for "contact us" Help Links'. At the bottom right, there is an 'Applications' section with three entries for 'Contact Us' (Submit questions and receive help from plan representatives), with the top entry circled in red.

1) In Keyword Search type "Contact Us"

2) Scroll Down to select application for right product

The screenshot shows a dropdown menu for the 'I am contacting Aetna about:' field. The selected option is 'A member claim?'. The dropdown list includes the following options: 'A member claim?', 'A Claim Explanation of Benefit (EOB)?', 'Member eligibility or benefits?', 'A member referral?', 'A member precertification?', 'Aetna's Physician Advisory Board?', and 'An application request?'. Below the dropdown is a text area for 'Your message:' with a placeholder text: 'Please include the following information: Member Name, Date of Service, Total Amount Billed, Claim Number or ICN, and Error/Rejection Message'. At the bottom left, there is a character count: '500 characters max: 500 remaining'. At the bottom, there are two buttons: 'Send Message' and 'Reset Fields'.

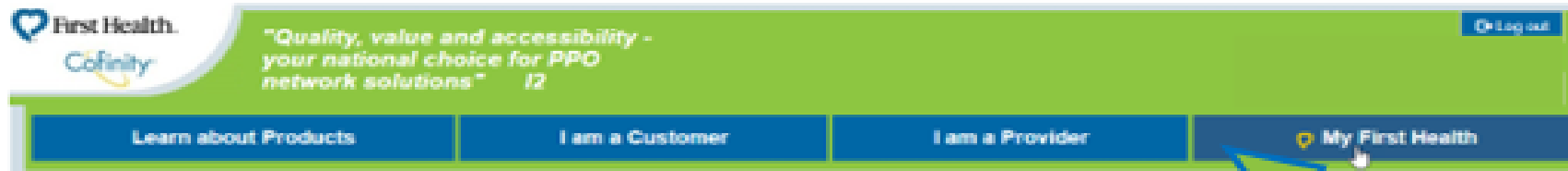
?'s on Aetna

COFINITY UPDATES

Combined First Health and Cofinity Website
Register at FirstHealth.com for provider access!
For New Access at Top Right click [Register Now](#)

Once logged in:

To access the secure functions, click on **My First Health** (*this will only appear when logged in*)



Providers have the following secure options:



For ANY questions on providers, claims, pricing, etc. please contact Customer Service Departments first. You can:

- Call: Cofinity 1-800-831-1166 or First Health 1-800-226-5116
- On any screen click the “Contact Us” Link next to “Questions?”
 - Here can send a secure email directly to customer service. Once click “Send Email” you will select which Network and issue will be routed correctly.
 - Can also email Cofinity directly at customerservice@cofinity.net
- Use online “Claim Appeal Form”

• A range of solutions for out-of-network claims
• A national dental network
• Simple implementation and administration

We're committed to customer service. With regional accounts managers, we can help you with your dental claims. Contact us to learn how we can help you.

Questions? [Contact us](#)

This information is available for free in other languages. If an appropriate provider cannot be found within the network...

...
About First Health® and Cofinity® | Careers | Feedback | Site Map | Legal | Privacy | Nondiscrimination Notice | How we build our network
©2018 First Health Group Corp.

Contact First Health

Members, Clients and Providers
1-800-226-5116
Monday-Friday
8am – 8pm ET

Contact Cofinity

Members, Clients and Providers
1-800-831-1166
Monday-Friday
8am – 5pm ET

Client, Broker, and Intermediary sales (Group Health products only)
[1-800-247-2898](tel:1-800-247-2898), option 1.

Individual Sales

- Medicare Advantage 1-800-694-3258, option 1
- First Health Medicare Part D 1-855-389-9688
- Individual health and dental coverage is not available through First Health

Note: Neither First Health nor Cofinity determines member eligibility, provides benefit information, maintains summary plan documents or pays medical or dental claims. Contact the claims administrator on the member's identification card for this type of information or to request records, subrogation or liens.

[Send mail](#)

Appeal Form (can add attachments):

Claim Appeal form

Home - My Functions - Claim Appeal form

Provider Claim Appeal Request Form

* Claim number:

* Reason for appeal:

* What is the total amount you are expecting?

Is this your first attempt at an appeal for claim?

Yes No

If no, please list reference number if available:

If additional claim appeals please list claims numbers, reason for appeal, amount expected & reference #'s if available:

* Contact name:

* Contact number:

* Contact email:

Attachment:

Choose Files No file chosen

Submit

Reset

--Select a reason--

Pricing at the wrong rates/contract

Pricing at the wrong rates/contract

Payer is applying code edits, and should not per the contract

Payer is applying code edits, and should not per the contract

Corrected claim (units, coding, provider, etc.)

Corrected claim (units, coding, provider, etc.)

Claim should be par, but is priced as non-par

Claim should be par, but is priced as non-par

Claim should be non-par, but is priced as par

Claim should be non-par, but is priced as par

Other

Other