

Aetna Billing Guidelines

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Get tools and guidelines from Aetna to help with submitting insurance claims and collecting payments from patients.

Claims, Payment & Reimbursement – Health Care ... - Aetna

Aetna is complying with the CMS coding guidelines for COVID-19 lab testing. The following codes should be used for COVID-19 testing for commercial and Medicare plans: U0001 - 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel should be used when specimens are sent to the CDC and CDC-approved local/state health department ...

COVID-19 Billing & Coding FAQs for Aetna Providers

Aetna Premier Care Network/Aetna Premier Care Network Plus Provider Guide Behavioral Health Provider Manual This manual has information about our specialty programs and clinical practice guidelines, along with information on credentialing.

Provider Manuals – Health Care Professionals | Aetna

©2018 Aetna Inc. 2 Proprietary Introduction Submitting a claim correctly the first time increases the cash flow to your practice, prevents costly follow-up time by your office or billing staff, and reduces the uncertainty members feel with an unresolved claim.

Billing and Claims - Aetna

Aetna Better Health of Virginia HMO SNP HEDIS Measurement Year 2020 Billing Codes Quick Reference Guide This HEDIS Measurement Year 2020 Billing Codes Quick Reference Guide acts as a useful tool for providers, as well as their clinical team and billing staff.

HEDIS 2020 Billing Codes Quick Reference Guide - Aetna

Instructions for billing portions of prenatal care and delivery. Physicians who provide total prenatal care and delivery should bill CPT code 59400 for a vaginal delivery, 59514 for a cesarean delivery and 59610 for a vaginal birth after cesarean delivery.

Welcome to your go-to guide. - Aetna

Links to various Aetna Better Health and non-Aetna Better Health sites are provided for your convenience. Aetna Better Health of West Virginia is not responsible or liable for non-Aetna Better Health content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Provider Manual | Aetna Better Health of West Virginia

Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of ...

Medical Clinical Policy Bulletins - Aetna

Aetna considers color-flow Doppler echocardiography in adults medically necessary for the following indications: ... This policy is based on guidelines on diagnostic echocardiography in adults from the American College of Cardiology (Cheitlin et al, 2003). ... as indicated by Medicare's Diagnostic Imaging Billing guidelines. These guidelines ...

Color-Flow Doppler Echocardiography in Adults - Aetna

The randomized clinical trials of PPI that are referenced in the guidelines ranged between 2-6 weeks in duration, but most studies a 4-week course of PPI therapy. The doses ranged between 10 mg to 40 mg, and most utilized once daily dosing. The ACG guidelines (Chey 2017) have also updated the treatment regimens for H. pylori.

Upper Gastrointestinal Endoscopy - Aetna

Aetna's liberalized coverage of Commercial telemedicine services, as described in its telemedicine policy, will continue until further notice. 5 Aetna extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services through January 31, 2021. 6 Aetna self-insured plan sponsors offer this waiver at their discretion.

COVID-19 Telemedicine Coverage FAQs for Aetna Providers

Aetna Better Health endorses a variety of nationally recognized clinical practice, preventive care, and behavioral healthcare guidelines. Clinical practice, preventive care and behavioral healthcare guidelines made available by Aetna Better Health are not a substitute for the professional medical judgment of treating physicians or other health care providers.

Provider Guidelines | Aetna Better Health of Virginia

Aetna Medicaid adopts evidence-based clinical practice guidelines (CPGs) from nationally-recognized sources. CPGs are tools that help practitioners make decisions about appropriate health care for specific clinical circumstances. They are reviewed every two years or more frequently if national guidelines change within the two-year period.

Provider Guidelines - Aetna

If after 31 days the newborn still has not received an ID card, contact Aetna Better Health of Texas Medicaid STAR and STAR Kids Member Services at 1-800-248-7767 (Bexar - STAR) or 1-800-306-8612 (Tarrant - STAR) and Medicaid STAR Kids 1-844-STRKIDS (1-844-787-5437).

Provider Billing information - Aetna

These guidelines are intended to clarify standards and expectations. They should not: Take precedence over your responsibility to provide treatment based on the member's individual needs. Substitute as orders for treatment of a member. Guarantee coverage or payment for the type or level of care proposed or provided.

Guidelines - Aetna

Aetna Do not use mod. 50; paid at 100% Comm: Bill CPT on 1 line with mod. 50. at 1 unit. MCR: Bill CPT on 2 lines, w/ mod. 50 on one line. Paid at 150% Do not use mod. 50; use mods RT or LT. BCBSTX Do not use mod. 50; paid at 100% Bill CPT on 1 line with 50 mod. at 1 unit with full charge for both procedures (your charge x 2); paid

Bilateral Billing Guidelines Grid - HCMS

Aetna is complying with the CMS coding guidelines for COVID-19 lab testing. CMS adopted four CPT codes, (U0001), (U0002), (U0003) and (U0004) for COVID-19 diagnostic testing. Aetna will accept CPT code 87635 or HCPCS Level II U0002 for the COVID-19 diagnostic testing. COVID-19 Billing & Coding FAQs for Aetna Providers

Aetna Billing Guidelines - old.dawnclinic.org

2. "Until further notice, Aetna will offer zero co-pay telemedicine visits for any reason to all Individual and Group Medicare Advantage members." Should check with patients plan to confirm. . 3. Aetna will pay for telehealth by institutional providers on a UB04 using GT or 95 modifier AETNA E-VISITS March 26 - June 4th, 2020. CORRECTED 4-14-20

TELEHEALTH-E-VISIT QUICK REFERENCE GUIDE – April 14, 2020

Aetna is complying with the CMS coding guidelines for COVID-19 lab testing. CMS adopted four CPT codes, (U0001), (U0002), (U0003) and (U0004) for COVID-19 diagnostic testing. Aetna will accept CPT code 87635 or HCPCS Level II U0002 for the COVID-19 diagnostic testing. COVID-19 Billing & Coding FAQs for Aetna Providers