Here’s how the tool can simplify billing

• It creates more reliable patient responsibility estimates (copayments, coinsurance, deductibles, etc.).
• It starts billing talks with patients before or during care.
• It helps reduce or eliminate financial “surprises” for providers and their patients.

Charges the tool does estimate

• Professional charges or services billed on a CMS-1500 form
• Outpatient facility charges or services billed on a UB-04 form

Charges the tool doesn’t estimate

• Charges submitted by nonparticipating providers, inpatient facility charges, charges for Aetna Medicare Advantage plans and charges where Aetna is the secondary payer (coordination of benefits charges)
• Charges from a third-party administrator, rental network, etc.
• Prescription charges handled in the Price-A-Drug™ tool
• Charges for dental services, including medical procedures submitted by oral surgeons
• Charges that won’t auto-adjudicate

Are you a medical provider participating in one or more Aetna networks? Try our estimator tool.
Reasons an estimate may be unsuccessful

• Too many procedure codes were included.
  - The maximum number that can be submitted for a professional estimate request is six.
  - The maximum number that can be submitted for an outpatient facility estimate request is 18.

Note: Inpatient facility estimate requests are submitted as bundles, so maximum procedure code submission doesn’t apply.

• The procedure can’t be processed automatically because it requires our review.

• The patient has tertiary or dual Aetna coverage.

• The service doesn’t have a negotiated fee attached to it.

• The provider doesn’t participate in the member’s plan.

• A technical difficulty occurred, such as a time-out.

Reasons the estimator response indicates no Aetna payment will be made to the provider

• The service requested may be capitated, delegated or part of an independent practice association arrangement.

• The service isn’t covered.

• The member hasn’t met the covered service deductible.

• The member’s benefits have been exhausted.

Reasons for estimator response errors

• The submitted service isn’t capable of auto-adjudication.

• The provider’s file is flagged within our database.

• The service doesn’t have a negotiated fee attached to it.

• The provider isn’t part of the member’s network.

• There’s a special handling note on the member’s file.

• An exception process may be in place for the procedure, or for the plan sponsor.

• The provider submits ineligible procedures, such as pharmacy, dental, oral surgery or cosmetic procedures.

Examples of claims that won’t auto-adjudicate

Product and network initiatives

• Certain products not designed and applied with a fully supported framework may need manual claims processing (such as accountable care organization products).

• Rental networks and hospitals might need manual claims processing.

Nonstandard claims

Unique plan sponsor provisions and administration aren’t supported in our system and need manual processing.

Claims where the billing information and the database information do not match

These claims have incorrect or inadequate claims data (for example, claims billed without a diagnosis or procedure code).

Confirmation of medical necessity claims

These claims require evaluation review.

Natural calamities

These claims are dropped from auto-adjudication to honor members in affected regions (for example, regions experiencing hurricanes and floods).

State/federal regulations

Some regulatory mandates can’t be supported without system enhancements.

Transplant claims

High-dollar claims require review on a patient-by-patient basis.

Foreign claims

Different CPT codes and currency require translation.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).