

Fax

Medicare member authorization appeals

To: Aetna Medicare Grievance and Appeals Unit

Standard appeal — Fax: **1-866-604-7092**

Fast appeal — Fax: **860-975-9631**

From: <provider office>

Phone: < provider office >

Fax: < provider office fax>

Date: <Insert date>

Pages: <Insert pages>

Subject: **[SEND SECURE] Medicare member auth appeals**

Member name: <member name>

Aetna Medicare member ID: <ID number>

Reason for appeal: <reason >

Additional evidence: < evidence>

Attach relevant medical records.

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

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Helping patients to appeal denials on Medicare authorization or precertification requests

Participating Aetna and Coventry* providers have the right to appeal denied medical authorizations (Part C) on behalf of members. Appeals should be submitted **within 60 days** of the **date of denial notice**. We can work with you if you have a good reason for missing the deadline and need more time.

There are two kinds of Medicare member authorization appeals

Standard appeals

You'll get a written decision within 30 days of the plan receiving your appeal. The decision may take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

Fast appeals

You'll get a decision within 72 hours of us receiving your appeal. You can ask for a fast appeal if you believe your patient's health could be seriously harmed by waiting up to 30 days for a decision.

A fast appeal requested by a doctor will be automatically granted. However, if a fast appeal is requested without support from a doctor, it may be handled as a standard appeal, and a decision will be made within 30 days.

Help ensure Medicare member authorization appeals and medical records are sent to the correct place and adhere to timely processing requirements.

How to ask for an appeal

Step 1:

Your **written request** must include:

- Member name
- Plan Medicare member ID
- Reason for appealing
- Any evidence you want us to review, such as doctors' letters or other information that explains why you feel your patient needs an item or service

Please submit all relevant medical records. Medical records will be required to determine if the item or service is medically necessary. Examples of types of records that may be required are progress notes, imaging reports, office visit notes and therapy records. Additional information may be required from you.

When submitting your appeal via fax, **please use the form on the back of these instructions.**

Step 2:

For a standard appeal, mail or fax to:

Aetna Medicare Grievance and Appeals Unit
PO Box 14067
Lexington, KY 40512

Fax: **1-866-604-7092**

For a fast appeal, call or fax:

Phone: **1-800-932-2159**
Fax: **860-975-9631**

Questions?

Aetna Medicare: **1-800-282-5366**

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