



Practitioner/Provider Appeal Process Quick Reference Guide

Use this quick reference guide to determine when and where to submit appeals. For a more detailed explanation of the levels of review for claims and utilization review issues, please see the [Practitioner/Provider Appeal Process](#) document.

ISSUE TYPES

- **Claims Issues** relate to all decisions made during the claims adjudication process (for example, related to the provider contract, our claims payment policies, processing error, etc.), as well as decisions made as a pre-determination of services not requiring precertification.
- **Utilization Review Issues** relate to decisions made during the precertification, concurrent or retrospective review processes (services requiring precertification). For these types of issues, the Practitioner/Provider Appeal Process only applies to appeals received subsequent to the services being rendered. The member appeal process applies to appeals related to pre-service or concurrent medical necessity decisions.

APPLICATION OF STATE LAWS AND REGULATIONS

To the extent that this procedure varies from the applicable laws and/or regulations of an individual state, the requirements of the state regulation are adopted and supersede Aetna's policy. Aetna's Law department makes the final determination when there is any question as to the applicability of the law.

CLAIMS ISSUES

Dispute Level	Provider/Practitioner Submission Timeframe	Aetna Response Timeframe	Contact Information
Reconsideration	Within 180 calendar days of initial claim decision.	<p>Within 3-5 business days of receiving the request.</p> <p>Within 30 business days of receiving the request if review by a specialty unit is needed (for example, clinical coding review).</p>	<p>Call</p> <ul style="list-style-type: none"> ▪ 1-888-632-3862 for indemnity and PPO-based benefits plans ▪ 1-800-624-0756 for HMO-based benefits plans <p>Write See Mailing Addresses below.</p>
Level 1 Appeal	Within 60 calendar days of receiving the reconsideration decision.	<p>Within 30 business days of receiving the request.</p> <p>If additional information is needed, within 30 business days of receiving the additional requested information.</p>	<p>Call</p> <ul style="list-style-type: none"> ▪ 1-888-632-3862 for indemnity and PPO-based benefits plans ▪ 1-800-624-0756 for HMO-based benefits plans <p>Write Aetna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512</p>
Level 2 Appeal (available only to practitioners)	Within 60 calendar days of receiving Level 1 Appeal decision.	<p>Within 30 business days of receiving the request.</p> <p>If additional information is needed, within 30 business days of receiving the additional requested information.</p>	<p>Call</p> <ul style="list-style-type: none"> ▪ 1-888-632-3862 for indemnity and PPO-based benefits plans ▪ 1-800-624-0756 for HMO-based benefits plans <p>Write Aetna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512</p>

MAILING ADDRESSES FOR RECONSIDERATIONS

State	Address
AL, AR, FL, GA, LA, MS, NC, SC, TN	Aetna P.O. Box 14079 Lexington, KY 40512-4079
AK, AZ, CA (excluding HMO), HI, ID, NV, NM, OR, UT, WA	Aetna P.O. Box 14089 Lexington, KY 40512-4089
CA HMO	Aetna P.O. Box 24019 Fresno, CA 93779-4019
CT, ME, MA, NH, Northern NJ, NY, RI, VT	Aetna P.O. Box 981109 El Paso, TX 79998-1109
CO, IL, IN, IA, KS, KY, MI, MN, MO, MT, NE, ND, OH, OK, SD, TX, WI, WY	Aetna P.O. Box 981107 El Paso, TX 79998-1107
DC, DE, MD, Southern NJ, PA, VA, WV	Aetna P.O. Box 981106 El Paso, TX 79998-1106

UTILIZATION REVIEW ISSUES

Dispute Level	Provider/Practitioner Submission Timeframe	Aetna Response Timeframe	Contact Information
Level 1 Appeal	Within 180 calendar days of an initial utilization review decision.	Within 30 business days of receiving the request. If additional information is needed, within 30 business days of receiving the additional requested information.	Call <ul style="list-style-type: none"> ▪ 1-888-632-3862 for indemnity and PPO-based benefits plans ▪ 1-800-624-0756 for HMO-based benefits plans Write Aetna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512
Level 2 Appeal (available only to practitioners)	Within 60 calendar days of receiving Level 1 Appeal decision.	Within 30 business days of receiving the request. If additional information is needed, within 30 business days of receiving the additional requested information.	Call <ul style="list-style-type: none"> ▪ 1-888-632-3862 for indemnity and PPO-based benefits plans ▪ 1-800-624-0756 for HMO-based benefits plans Write Aetna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512