



## Practitioner/provider dispute process quick reference guide

Use this quick reference guide to determine when and where to submit disputes. For a more detailed explanation of the levels of review for claims and utilization review issues, please see the [provider dispute 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 predetermination of services not requiring precertification.
- **Utilization review issues** relate to decisions made during the precertification, concurrent or retrospective review processes for services that require 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 our policy varies from the applicable laws and/or regulations of an individual state, the requirements of the state regulation are adopted and supersede our policy, except with respect to appeals relating to Aetna Medicare plans. (State laws do not apply to Medicare plans.) Aetna's law department makes the final determination when there is any question as to the applicability of the law.

### Claims issues for reimbursement or coding decisions

| Dispute Level  | Provider/Practitioner Submission Timeframe                               | Aetna Response Timeframe  | Contact Information   |
|--|--|---|---|
| <b>Reconsideration</b>                                     | Within <b>180 calendar days</b> of initial claim decision                | Within <b>3-5 business days</b> of receiving the request<br><br>Within <b>30 business days</b> of receiving the request if review by a specialty unit is needed (for example, clinical coding review) | <b>Call</b><br>~ 1-800-624-0756 for HMO-based benefits plans<br>~ 1-888-632-3862 for indemnity and PPO-based benefits plans<br><br><b>Write</b><br>See reconsideration mailing addresses below                                |
| <b>Level 1 Appeal</b>                                      | Within <b>60 calendar days</b> of receiving the reconsideration decision | Within <b>30 business days</b> of receiving the request<br><br>If additional information is needed, within <b>30 business days</b> of receiving the additional requested information                  | <b>Call</b><br>~1-800-624-0756 for HMO-based benefits plans<br>~ 1-888-632-3862 for indemnity and PPO-based benefits plans<br><br><b>Write</b><br>Aetna<br>Provider Resolution Team<br>P.O. Box 14020<br>Lexington, KY 40512  |
| <b>Level 2 Appeal</b><br>(available only to practitioners) | Within <b>60 calendar days</b> of receiving Level 1 appeal decision      | Within <b>30 business days</b> of receiving the request<br><br>If additional information is needed, within <b>30 business days</b> of receiving the additional requested information                  | <b>Call</b><br>~ 1-800-624-0756 for HMO-based benefits plans<br>~ 1-888-632-3862 for indemnity and PPO-based benefits plans<br><br><b>Write</b><br>Aetna<br>Provider Resolution Team<br>P.O. Box 14020<br>Lexington, KY 40512 |

**Mailing addresses for reconsiderations**

| State  | Address   |
|--|---|
| AL, AK, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NC, NM, NV, OR, SC, UT, TN, WA   | Aetna<br>P.O. Box 14079<br>Lexington, KY 40512-4079 |
| CO, CT, DC, DE, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MT, NE, ND, NH, NJ, NY, OH, OK, PA, RI, SD, TX, VA, VT, WI, WV, WY | Aetna<br>P.O. Box 981106<br>El Paso, TX 79998-1106  |

**Utilization review issues or claim issues based on medical necessity or cosmetic or experimental/investigational coverage criteria**

| Dispute Level  | Provider/Practitioner Submission Timeframe  | Aetna Response Timeframe   | Contact Information   |
|--|---|--|---|
| <b>Level 1 Appeal</b>                                      | Within <b>180 calendar days</b> of an initial claim decision or utilization review decision | Within <b>30 business days</b> of receiving the request<br><br>If additional information is needed, within <b>30 business days</b> of receiving the additional requested information | <b>Call</b><br>~ 1-800-624-0756 for HMO-based benefits plans<br>~ 1-888-632-3862 for indemnity and PPO-based benefits plans<br><br><b>Write</b><br>Aetna<br>Provider Resolution Team<br>P.O. Box 14020<br>Lexington, KY 40512 |
| <b>Level 2 Appeal</b><br>(available only to practitioners) | Within <b>60 calendar days</b> of receiving Level 1 appeal decision                         | Within <b>30 business days</b> of receiving the request<br><br>If additional information is needed, within <b>30 business days</b> of receiving the additional requested information | <b>Call</b><br>~ 1-800-624-0756 for HMO-based benefits plans<br>~ 1-888-632-3862 for indemnity and PPO-based benefits plans<br><br><b>Write</b><br>Aetna<br>Provider Resolution Team<br>P.O. Box 14020<br>Lexington, KY 40512 |