

# Like a boss.

Your claims submission just got easier.



**Submitting claims can be easy. You can use our provider website or find a vendor from our list on the site.**

## Before you submit COB claims

Confirm that your practice management system and your vendor can create or forward coordination of benefits (COB) claims in the full Health Insurance Portability and Accountability Act (HIPAA) standard format (837).

The submission must include payment information received from the primary payer's HIPAA standard electronic remittance advice (ERA).

Or convert the primary payer's payment information received on an Explanation of Benefits (EOB) statement into standard coding used in an ERA.

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## Let's talk primary claims

First, EOB statements aren't required from the primary carrier for COB claims. That includes Medicare claims not automatically forwarded by the Medicare carrier.

Second, you have the option to submit primary carrier payments and adjustments as part of the claims submission process.

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## Let's talk secondary claims

You may not have to submit claims to us after Medicare has paid them.

Medicare will only forward the claims to us for secondary consideration when our member is found within their eligibility files.

## Tips for a successful submission

- Enter the member ID number exactly as it appears on the ID card, including any letters. No dashes, suffixes or spaces.
- The billing provider address must be a street address. If you're including a PO box or lockbox, send that information in the "Pay-To Provider" address field.
- Be sure to include a value for "Provider Accepts Assignment" and whether the patient paid for any services received.
- You can submit corrected and voided claims electronically. Just include the originally assigned claims number.
- Include a procedure code description for codes not otherwise classified or listed. Ask your vendor where to include this information.
- You can submit up to 50 service lines for a professional claim and 999 lines for an institutional claim. Just check with your vendor to make sure they don't have limitations.
- When submitting anesthesia claims, enter the number of minutes, not units.
- You don't need to attach anything. We'll simply contact you if we need more information.



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# You got this.

## Submit a claims status transaction

For a successful submission, here's what you'll need to have ready:

- Patient's member ID number, name, date of birth and gender. Gender isn't a required field, but it's recommended as it'll help in the patient validation process.
- Dependent's unique member ID number and the subscriber's last name.
- Billing provider ID — either National Provider Identifier (NPI), billing provider tax identification number or Aetna provider PIN/PVN.
- Billing and servicing provider's name.
- Service date range for claims you're inquiring about.
- The same servicing/rendering NPI from the claim you're inquiring about.

## Need claims help?

Depending on your needs, you have a variety of resources:

- If your claim rejects at the vendor level, contact your vendor.
- If you have questions about the status of a claim, use our Claim Status Inquiry tool.
- For claims that have completed the payment process, you may retrieve supplemental claims information using the financial status tool.\*
- For questions on submitting electronic claims to a third-party administrator, such as an individual practice association, contact the administrator directly.

## Check on claims status

You can review your reports or use our tools to check claims status.

Three options are available, so you can select the level of detail for your needs:

- Claim Status Inquiry for single member inquiries
  - You can search 27 months of claim history, and our response will return a maximum of 12 claims up to a total of 26 service lines
- Claim Status Report for provider-specific inquiries
- Financial Status Request (FSR) for more financial details as a follow-up to the Claims Status Inquiry and Report
  - FSR is only for claims that have completed the payment process, and our response will return a maximum of 15 lines

Need more help? Use the "Contact" link at **aetna.com**, or call your vendor's customer service.

To learn more about submitting COB claims electronically, go to **[aetna.com/provider/ecob](https://aetna.com/provider/ecob)**.

\*Availability varies by vendor.

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