Aetna Better Health® of Illinois
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October 1, 2024

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Edifecs CRA for missing diagnosis codes

Aetna Better Health® works with Edifecs to enable CRA — a solution designed to alert providers when diagnosis codes are potentially missing from a claim. Edifecs CRA helps providers deliver complete and accurate claims the first time.

With Edifecs, the biller receives the standard EDI response files (277CA) associated with claim status that are integrated into the claim submission process. These automated messages appear in the billing solution rejection notification queue and are triggered on claims that may be incomplete or inaccurate for patients with historic claims data, such as evidence of an established diagnosis of a chronic condition that is not present on the current claim.

Benefits for the member

The CRA solution enhances the medical provider's awareness of their potential medical conditions, increasing the opportunity or need to receive the right level of care and services or follow-up care and services from their medical health plan and its provider network.

Benefits for the provider

The CRA solution brings another opportunity for awareness of their patient's medical history and ensures a line of sight to the accuracy of billing practices within the medical office. It may also reduce administrative rework associated with the health plan's chart review process intended to maximize health plan quality standards and measures.

The CRA solution fosters improved accuracy and agreement between the patient's medical record and the claim submission. CRA targets only the claims where the rendering provider's specialty relates to chronic medical conditions in the member's medical history. At the rendering provider level, CRA sends an average of less than three claim alerts per month. Responses to the alerts by the biller will be received by Aetna Better Health within one business day.

Sample alert message (277CA)

Below is an example of a CRA notification a provider would receive in the Practice Management System's rejection notification queue when there is a suspected diagnosis coding omission, presenting up to five (5) diagnosis codes:

> Patient history includes ICD: [ICD-10 Code History Here]; review the medical record for DOS, validate claim Dx codes are complete and accurate; resend claim. Questions, visit **https://help.edifecsfedcloud.com/CRAEducationCenter/Content/Home.htm**

Your office may receive this CRA message (277CA) for members with evidence of an existing diagnosis of a chronic condition within medical history. In that case, take the following actions:

- Engage a qualified coder or appropriate professional to review the patient's medical record to confirm that the diagnosis(es) coded on the claim are complete and accurate.
- If the coding on the claim is complete as is, resubmit the claim for clearinghouse processing maintaining the original patient control number (CLM01/CMS-1500 Box26).
- If changes are necessary, make the changes where appropriate and resubmit the claim maintaining the original patient control number (CLM01/CMS-1500 Box26).
- If a diagnosis is added to or removed from the claim, billers should ensure that the medical record for the date of service completely supports the revised claim. Also ensure that all affected claim fields are aligned appropriately (i.e., order of the diagnoses reported, Diagnosis Pointers), being careful to consider claim form and ICD-10 Coding Guidelines.

Provider resources and options

- ✓ Visit **https://help.edifecsfedcloud.com/CRAEducationCenter/Content/Home.htm** to review the support materials, including a Question and Answer resource.

- ✓ Email **CRA_Aetna@EDIFECS.com** if you don't want to participate in the solution. Please include your:
  - Rendering NPI
  - Rendering provider name
  - Billing NPI
  - Billing provider name
  - Contact name
  - Contact email or phone number

Questions?

If you have questions about a claim status message, visit **AetnaBetterHealth.com** and select your state to be guided to your state-specific Provider Services Call Center.