



AETNA BETTER HEALTH® OF VIRGINIA

Pre-Pay Diagnosis-Related Grouping Review Program FAQ

What is the main goal of this program?

The goal of this program is to improve the accuracy of our Diagnosis-Related Grouping (DRG) payments by making sure that a patient's medical record supports your claim information.

Does Aetna Better Health exclude any services/codes from this updated review process?

All services contracted with a sepsis DRG are eligible for review. This includes MS DRGs 870, 871, 872 and APR DRGs 720.0, 720.1, 720.2, 720.3, 720.4.

What criteria does the program utilize?

Criteria is utilized as outlined in the ICD-10 Guidelines for Coding and Reporting, as well as the Uniform Hospital Discharge Data Set guidelines.

How will we know if Aetna Better Health does not agree with the billed DRG?

Hospitals will receive a letter explaining the claim information that doesn't support the billed DRG.

How can providers get the claim paid efficiently?

There are a few ways a hospital can ensure the medical information sent supports the billing.

- Ensure the diagnosis and procedure codes are appropriate for the billed DRG.
- Use the Availity provider portal to submit an authorization/precertification request for the inpatient hospitalization.
 - You can attach a maximum of six attachments to a single request. (The maximum file size is 32 MB, and the total combined size of all attachments for a single request can't exceed 192 MB.)
 - Accepted file types include .doc, .docx, .xls, .xlsx, .pdf, .jpg, .gif, .png, and .tiff.
- Supply complete and accurate supporting clinical documentation at the time of the authorization/ precertification request.

Submit medical records with all sepsis DRG initial claim submissions.

Which address does Aetna Better Health use for the initial review determination letter? Can we change this address?

We send the letter with clinical and coding review determination to the billing address on the claim. The address can't be changed without changing the billing address on the claim.

Does this review process impact claims or coverage for members?

No, our members' coverage or covered services will not change.

Do providers have to do anything differently?

No, our admission practices and policies stay the same.

How does Aetna Better Health handle hospital/facility appeal requests?

We follow the standard facility coding appeal process. To learn more, [visit our website](#).

Can I submit medical records electronically?

For authorizations of the inpatient stay, you can now use our new process and upload medical records electronically via the Provider Portal. Refer to the Provider Portal for step-by-step directions.

Also, you can send paper copies or CDs to the address provided. Please make sure to attach a copy of the letter to the medical records you submit.

Contact your network representative if you wish to partner with us to allow a limited number of our employees' access to your EMR for chart reviews.