

Participating Provider Quick Reference Guide

This document applies to Medicaid. For DSNP, visit [AetnaBetterHealth.com/Virginia-hmosnp/providers/hmo-snp-pr](https://www.aetna.com/better-health/virginia-hmosnp/providers/hmo-snp-pr).

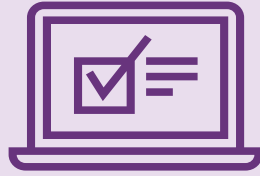
Helpful Web Links

[Our Provider Website](#)

[Provider Manual](#)

[Updates, Announcements, and our Newsletter](#)

[Secure Provider Portal \(Registration is required\)](#)



Provider Relations

Call Provider Relations for provider-related inquiries and to reach Claims Status, Inquiries or Research (CICR), Pharmacy, Prior Authorizations, and Member Services:

Phone: **1-800-279-1878 (TTY: 711)**

Fax: **844-230-8829**

Email: AetnaBetterHealth-VAProviderRelations@Aetna.com

Contracting

For all contracting inquiries, email the Contracting team at NetworkDevelopment-VAContact@Aetna.com.

To submit your request to become a participating provider with Aetna Better Health, [visit our website](#).

Pharmacy

To review our Formulary Drug List, prior authorization (PA) criteria, PA forms, and how to submit an electronic PA, providers can visit the [Pharmacy](#) section of our website.

The fax for PAs is **1-855-799-2553**.

Claims

Claims Submissions

All claims must be submitted with the following:

- Member's name, date of birth, and ID number
- Service/admission date
- Location of treatment
- Service or procedure
- NPI (not atypical providers)
- DMAS Provider-enrolled taxonomy ([Learn more.](#))

[Learn more about claims.](#)

Timely Filing Limits

- Medical claims must be submitted within 365 calendar days from the date of service or discharge. The claim will be denied if not received within the required timeframes.
- Corrected claims must be submitted within 365 days from date of service.
- Coordination of Benefits claims must be submitted within 365 days from date of member's Explanation of Benefits.

Electronic Claims Submissions

- WebConnect is our free provider claims submission portal via Change Healthcare (Emdeon)
- To set up free "Eligibility and Submission of Claims" services, visit [physician.connectcenter.changehealthcare.com/#/site/home](https://www.physician.connectcenter.changehealthcare.com/#/site/home) and select "Sign Up." Enter vendor code 214557.
- For WebConnect support, call **1-877-667-1512**
- EDI payer ID (837 Claim): 128VA
- To get real time eligibility/claim/auth. inquiry use ID: ABHVA (270/271; 276/277; 278)

Paper Claim Submissions

Aetna Better Health of Virginia
Attn: Claims Department
PO Box 982974, El Paso, TX 79998-2974



Appeals

Submitted within 60 days of original denial. Fill out the the [Authorization Release for Standard Appeal form](#) and fax this form with your appeal.

[Learn more about Grievances and Appeals.](#)

Provider Appeals

Aetna Better Health of Virginia
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

Member Appeals

Aetna Better Health of Virginia
PO Box 81139
5801 Postal Road
Cleveland, OH 44181



Aetna Better Health® of Virginia

[AetnaBetterHealth.com/Virginia](https://www.aetna.com/better-health/virginia)

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Medical and Behavioral Health PAs

Fax for Legacy M4: **866-669-2454**

Fax for Legacy Plus: **855-661-1828**

Behavioral Health: **833-757-1583**

To determine if a service requires PA, visit the Provider Portal.

When requesting PA, include the following:

- Member's name
- Date of birth
- ID number
- Demographic information
- Requesting provider contact information
- Clinical notes/explanation of medical necessity
- Other treatments that have been tried
- Diagnosis and procedure codes
- Date(s) of service

Emergency services do not require PA; however, notification is required the same day.

For post stabilization services, hospitals may request prior authorization by calling the Prior Authorization Department.

All out-of-network services must be authorized; unauthorized services will not be reimbursed, and authorizations are not a guarantee of payment.

Participating providers can now check for codes that require prior authorization via our Online Prior Authorization Search Tool. [View the tool here.](#)

Other Important Contacts

Mental Health Assistance

Phone: **1-800-279-1878**, press * then option 1

For Addiction Recovery Treatment Services (ARTS) forms, visit our [Materials and Forms](#) page on our website.

Consumer Direction

For all Consumer Direction care inquiries (authorization/PPL concerns, service facilitation questions, attendant pay, and timesheets), email AetnaConsumerDirection@Aetna.com.

Fax: **1-844-459-6680**

Pain Management/ Radiology (eviCore)

Phone: **1-888-693-3211**

Fax: **1-844-822-3862**

Case Management

Our Case Management program can help reduce barriers to care for your patients. To learn more, call Member Services: **1-800-279-1878 (TTY: 711)**.

Transportation (Modivcare)

Phone: **1-800-734-0430**

Transportation to and from provider offices is a covered benefit for all members who do not have access to transportation. Members must call at least three days prior to their scheduled appointment to arrange transportation.

Vision (VSP)

Phone: **1-800-877-7195**

Website: www.vsp.com

Virtual Credit Card (VCC)

For VCC inquiries or request, contact Change Healthcare (Emdeon) Card Service Department at **1-855-723-3475**.

If you wish to opt out of the Virtual Card Payment Program, consider enrolling in EFT/ERA Registration Services (EERS) through Change Healthcare. To enroll in EERS, visit PayerEnrollServices.com.

COVID-19 Billing Reference Guide

We have developed a COVID-19 Billing Reference guide based on guidelines from the Virginia Department of Medical Assistance Services (DMAS). Aetna Better Health of Virginia will cover medically necessary services to treat or alleviate symptoms related to COVID-19.

[Access this guide here.](#)



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