

## FREQUENTLY ASKED QUESTIONS



Question: When a provider is offshore and reads a report and then sends a claim to Aetna for the professional interpretation does Aetna recognize this as valid billing?" The test may be performed in a U.S.A. hospital and the radiologist may be in India as an example. The providers offshore are typically linked to groups that have practices in the U.S. In fact, the offshore providers are typically enrolled through the commercial payor process. CMS has restrictions on this. Does Aetna?

Response - We accept claims from foreign providers. There must be sufficient information on the claim for us to determine date of service, service rendered, diagnosis, etc. We review claims (for accuracy, completeness of info, verification service was rendered, etc.) from foreign providers the same as we do state-side providers.

Question:. Does Aetna pay based on 20% or pay according to provider contract? (regardless of Medicare guidelines) Does Aetna overpay all the time, some of the time and how would the B/C know how to reconcile these claims? When Aetna is secondary payor to Medicare primary; Medicare pays 80% of the claim billed and the secondary payor, in this case Aetna, typically pays the balance (20%). We have been advised that there are circumstances that Aetna (as secondary) will pay more than the balance due. We have been informed that some Aetna contracts will pay strictly on the contracted rates. Example: Let's assume that Aetna pays \$65.00 for a 99213 which is billed out at \$100. In the second case, the patient has Medicare primary and Aetna secondary; Medicare pays \$80 on the \$100 charge with a \$20 balance. Aetna pays \$65 which is \$45 more than what was owed because Aetna paid at the contracted rate instead of the 20% balance after Medicare paid primary. Is there ever a situation where Aetna would pay the contracted rate instead of only paying the balance due (when Medicare is primary)? What about coordination of benefits issue?

Response - When Aetna is secondary to Medicare, the amount paid by Aetna depends of the COB/Medicare Integration methodology established by state regulations for fully insured plans or plan sponsor for self-insured plans. Overpayments should occur infrequently; but may occur if we are unaware there is other coverage at the time the claim is processed or if the primary carrier makes an additional payment after we process the claim.