

Troubleshooting Denied Claims & Billing Disputes with Aetna

Health insurance billing can be complicated and is oftentimes confusing. In this document, we hope to provide you with steps or ideas to assist in troubleshooting denied claims or billing disputes. These steps are here to support you in resolving your questions and clearing up any concerns you may have.

1. Have you checked to see if your denied claim or billed services are covered under our plan with Aetna?

- a. It is a possibility that the billed service is not covered under our policy. To double check what is covered under our policy, please see our Summary of Benefits located on the Navbenefit.com website.
- b. If the service IS covered, there might be a billing code issue. Verify with your provider that the medical billing code is correct and have the claim resubmitted if the code is incorrect.

2. Have you reached your annual deductible or maximum out of pocket?

- a. If you are being billed for a service that is covered, chances are you have not met your annual deductible or maximum out of pocket. To learn more about how a deductible or an out of pocket maximum works, please see our [Quick Start Guide to Using your Health Plan](#). In this document you will be able to see how our High Deductible Health Plan works here at the Navigators – it's actually simpler than you think!

3. Have you asked your provider if they billed Aetna for the service?

- a. Sometimes, providers simply cannot submit claims to Aetna either because they do not have the correct information, or your information is dated. Make sure to call your provider to double check that all of your information is current and being billed properly.
- b. If your provider has billed Aetna, check to see when they submitted the claim. Claims can take a little while to process- It may take a few weeks to get the claim approved and process for payment to be paid.

4. Have you read your Explanation of Benefits to see why the claim was denied?

a. There are many reasons why a claim could be denied. Reasons such as incomplete insurance information, coding errors, or a lack of pre-certification for the service (those are just to name a few). Keep in mind, sometimes it is a simple error that can recover a denied claim or billing dispute.

b. The EOB will let you know all of the below:

- If services are covered under the plan
- If the procedure code being billed is an allowed charge
- If deductible and coinsurance (out of pocket) amounts applied to services
- If additional information (and what information) is needed to complete processing of a claim

If there is no EOB, then Aetna has not yet processed the charges. You can access their EOBs via the Aetna member website at www.aetna.com. You can also sign up for alerts to let you know when new claims are available to view on the member website.

5. Lastly, have you submitted an appeal for the denied claim?

a. If you have a claim that has been denied and you have completed the above steps, then you do have the opportunity to appeal the claim. Meaning, with appropriate documentation, you can request that Aetna review the claim again to be approved. You can find out more about that process by contacting Aetna at +1 855.829.9558.

If you have taken these steps to troubleshoot your denied claims or billing disputes and have not found a resolution, please email benefit@navigator.org. We would love to assist you as best we can. However, most of the time, denied claims and billing disputes must be handled directly with Aetna. You can contact Aetna via email aiservice@aetna.com or by calling at [855.829.9558](tel:855.829.9558).