

Aetna Commercial

Address	2777 North Stemmons Fwy, Suite 300, Dallas, TX 75207
Website	www.aetna.com
Contract Effective Date	07/01/2019 New Contract , 9/15/1998 original Contract
Term	3 Years and auto annual renewal
The contract pays (MDs/DOs) the lesser of contracted rate or 85% of billed charges. Apply this rule to all referenced in this section.	E&M codes are reimbursed the lesser of (120% of Current Dallas RBRVS) or (85% of billed charges)
	Drugs and Immunization are reimbursed at the lesser of 100% of Aetna Market Fee Schedule or 85% of billed charges
	Radiology codes are reimbursed at the lesser of 85% Current Dallas RBRVS or 85% of billed charges
	Otolaryngology surgical codes reimbursed the lesser of 150% of Current Dallas RBRVS or 85% of billed charges
	Oculoplastic surgical codes reimbursed at the lesser of 120% of Current Dallas RBRVS or 85% of billed charges
	Default - All other codes not listed are reimbursed the lesser of 85% of billed charges or 120% of current Dallas RBRVS
Mid-Level Providers Requirements	Contract is not required. Will not be listed in directory unless contracted. Mid-Level agreement with or without Medicare advantage. Mid-Level Providers - 100% of Aetna Market Fee Schedule (based on current year Medicare). <i>Check current policy on billing for hearing aids as a mid-level provider.</i>
Audiologist ONLY	Audiologist are reimbursed at 85% of the Aetna Market Fee Schedule . Check current policy for billing of hearing aids.
Products	PPO, HMO, EPO (Gated and Non-Gated) Medicare Advantage (upon request) Aetna Standard Plans, Aetna Open Access Plans, Aexcel Plans and Aetna Health Network are chosen by Aetna to participate based off of demographics and utilization.
Hearing Aids	Hearing Aids are allowed and reimbursed at 65% of billed charges to a max benefit of \$6000.00 for an MD/DO only. Mid-Level Hearing Aid reimbursement is based on Aetna Market Fee Schedule.
Hearing Aid Balance Billing	<i>Balance billing is allowed with an advanced waiver signed by patient that includes the following: Patient Name, DOB, DOS, Total Charges, Benefit Coverage, Member Responsibility, Specific code and description of device, Member Signature and Date.</i>
Multiple Procedure Billing	100% First Procedure, 50% Second Procedure, 25% Third and Subsequent Procedure
Claim Filing Deadlines	90 Day Timely File Deadline
Rates are updated April 1 of each year to reflect current RBRVS. The Aetna Market Fee Schedule (AMFS) changes July 1 of each year.	