

DISPUTE CATEGORY LIST
(for inclusion in form that physicians complete)

Items eligible for the billing dispute process are those that challenge Aetna's application of its coding and payment rules and methodologies to patient-specific factual situations. Existing processes would continue to handle other issues, such as the reimbursement rates set by Aetna through its fee schedules or for payment of "reasonable and customary" fees for out of network physicians. However, please note that physicians may use the billing dispute process to assert a claim that Aetna has made an error, such as, paying an amount that differs from that specified in the applicable fee schedule.

IMEDECS will determine whether your dispute is eligible for review. To assist IMEDECS with the determination, please indicate the type of issue that you are raising.

- Assistant Surgeons (includes modifier 82) – Eligible/Non Eligible
- Consultation on X-ray Examination, Written Report (CPT© code 76140)
- Modifier 22 – Unusual Procedural Services
- Modifier 23 – Unusual Anesthesia
- Modifier 24 – Unrelated Evaluation & Management Service by the Same Physician During a Postoperative Period
- Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- Modifier 51 – Multiple Procedures
- Modifier 59 – Distinct Procedural Service
- Modifier 62 – Two Surgeons
- Modifier 66 – Surgical Team
- Therapies – Modalities Per Date of Service
- Reduction of the intensity of an E&M code(s).
- Reduction of the intensity of a service (other than an E&M code)
- Other "bundling" edits
- Other (please specify)