


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>February 7, 2020</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Provider Education</b>
	<b>Subject:</b>	<b>Billing Hospital-Based Urgent Care Services</b>
	<b>Products:</b>	<b>MMA &amp; FHK Hospitals</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

Dear Providers,

This communication is to inform you that Aetna Better Health of Florida has been experiencing a high volume of claim denials for Hospital-Based Urgent Care Services.

**Hospital-Based Urgent Care Services should be billed on the CMS-1500 professional claims form or its electronic equivalent the 837P, using the appropriate 5-digit CPT or HCPCS procedure codes covered under the Medicaid Physician Services program.**

Aetna Better Health of Florida will process claims for Hospital-Based Urgent Care Services billed on the CMS-1450/UB-04 or its electronic equivalent the 837I based on the current EAPG calculators. Since revenue code 0516 is no longer covered, facility providers may begin to receive claim denials for these services. To prevent denials, please submit urgent care claims on a CMS 1500 or its electronic equivalent the 837P.

We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: [FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com). You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you.

## Provider Relations Department

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

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