

[Date]

[Provider Name]  
[Provider Address\_1]  
[Provider Address\_2] – Suppress if blank  
[City, State Zip code]

**ATTENTION: Billing Department**

RE: Member: [Associated Member Name]  
Provider: [Provider Name]  
Payer: [Insert name of payer]  
Medicaid ID Number: [Member ID]  
Claim Number: [Claim #]  
Dates of Service: [Date of Service (DOS)] show [Start Date] to [End Date]

Hospital Billed DRG: - [Hospital Billed DRG]  
System Derived DRG: - [System Derived DRG]  
Revised DRG: [Revised DRG Upon Review] – suppress if blank

Dear [Provider Name]:

Dear Healthcare Provider(s) of Record,

We are responding to your claim submission for inpatient hospital services for the member listed above.

The available information pertaining to the claim does not support the derived diagnosis related group (DRG), and this claim is being denied.

The documentation available does not support the DRG due to the following reason(s):

- [insert number of items] – editable; user to enter cannot be validated as relevant to this admission.
- [insert number of items] – editable; user to enter was/were not considered in the hospital billed DRG.
- [insert number of items] – editable; user to enter was/were listed incorrectly.

**Aetna Better Health® of Kansas**

9401 Indian Creek Parkway  
Suite 1300  
Overland Park, KS 66210



- The codes we determined to be correct and which are being considered for the DRG assignment include [insert number of cases] – editable; user to enter.
- [Insert Code] - editable; user to enter is the primary code and we have reordered your codes accordingly.
- The following billed information was incorrect:

[Decision Rationale Text]

The decision was made on [insert date the letter was generated]. You may consider the mailing date to be the date of this notice.

Due to the denial of this claim, no reimbursement will be rendered at this time.

**Provider Information**

If you continue to have questions regarding this claim, please refer to your remittance advice, the provider manual or website for plan specific options to disagree with these findings. If you have any questions regarding filing a reconsideration or appeal, contact Aetna Better Health of Kansas at 1-855-221-5656. If Aetna Better Health does not receive your request for a reconsideration within 123 days and/or an appeal within 63 days of receipt of this notice, this overpayment will be sent for offset on [calculate date to be letter date + 123 days]. Requesting a reconsideration is optional, you do not need to request it before requesting an appeal. You have the right to terminate your reconsideration and file an appeal within 63 calendar days. If you wait for the reconsideration decision you may file an appeal within 63 calendar days of the reconsideration decision. You must file an appeal prior to requesting a State Fair Hearing. You can ask for a reconsideration or appeal by calling Member Services at 1-855-221-5656, TTY 711, by fax, email or hard copy to:

**Aetna Better Health of Kansas**

Attention: Appeal and Grievance Department  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181  
Email: [KSAppealandGrievance@Aetna.com](mailto:KSAppealandGrievance@Aetna.com)  
Fax: 1-833-857-7050

You have the right to represent yourself, have legal counsel or other spokesperson to represent you during the reconsideration, appeal or state fair hearing process. Please send us written notification designating your representative.

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If you are not happy with Aetna Better Health’s Appeal decision you can request a State Fair Hearing within 123 calendar days of the appeal resolution notice. You can request a State Fair Hearing by calling Member Services at 1-855-221-5656, TTY 711 or by sending your written request to:

**Office of Administrative Hearings**

1020 S. Kansas Ave  
Topeka, Kansas 66612

**UHDDS Guidelines**

The Uniform Hospital Discharge Data Set (UHDDS) along with other evidence based clinical guidelines from nationally recognized authorities guide the assessment of the diagnosis and procedure codes submitted and resulting DRG from a technical and clinical perspective. Further information on the UHDDS guidelines is located in the ICD-10 coding guidelines found on the CMS.gov website.

**We are here to answer your questions**

Review our policies and procedures online at: <https://www.aetnabetterhealth.com/kansas>

If you continue to have questions, please contact us at:

Aetna Better Health of Kansas  
PO Box 81040  
Cleveland, OH 44181  
Fax: 1-833-857-7050

Sincerely,

Aetna Better Health of Kansas