



Provider Appeal Procedures for New Jersey

If you are a licensed health care provider that treats an Aetna member, you have several ways to appeal claim determinations which are not clinical in nature.

- For fully-insured NJ contracted members, submit your appeal request using the “Health Care Provider Application to Appeal a Claims Determination Form” within 90 calendar days from the notice of the disputed claim determination. Your appeal will be resolved within 30 calendar days. If you disagree with the appeal determination, you may be eligible to submit your dispute for review by the New Jersey Program for Independent Claims Payment Arbitration (PICPA). You can find detailed information regarding the PICPA, including criteria for dispute eligibility, at: <https://njpicpa.maximus.com/>. To apply for arbitration you must submit your dispute within 90 calendar days of the appeal determination. If your claim dispute is not eligible for review by PICPA or if you choose not to apply for arbitration, you may be eligible to request a second level internal appeal with Aetna (depending on provider type). You must submit your second level internal appeal within 60 calendar days of the first level appeal determination. Your second level appeal will be resolved within 30 business days.
- If you fail to submit your appeal request for a fully-insured NJ contracted member within 90 calendar days, you may still submit a request for reconsideration within 18 months from the date the first payment of a claim was made. Your request will follow Aetna’s standard dispute process. Since your request was not submitted within 90 calendar days from the notice of the disputed claim determination, your dispute will not be eligible for review by the PICPA.
- For all other fully-insured non-NJ contracted members, your appeal will follow Aetna’s standard dispute process (subject to any state specific requirements). Depending on provider type, you may be eligible for two levels of appeal. Since your request does not involve a fully-insured NJ contracted member, your dispute will not be eligible for review by the PICPA.
- For self-insured, Medicare and Federal members, these appeals will follow Aetna’s standard dispute process (not subject to any state specific requirements). Depending on provider type, you may be eligible for two levels of appeal. Since your request does not involve a fully-insured NJ contracted member, your dispute will not be eligible for review by the PICPA.