

New claims review process for observation room charges

Based on our findings during a claims review, we identified a small number of facilities to participate in a new program. We designed the program to ensure that observation hours are reasonable and not charged at an excessive rate. We'll let affected providers know about their inclusion in this program 30 days before the program's effective date.

Review of hospital claims by facilities in the program

- We'll review claims for Aetna members who have observation room charges over 24 hours to determine medical necessity.
- The charge per unit for the observation rooms is also part of our review.
- Hospitals with high billing rates that also include an observation room charge will be required to send us medical records for our documentation and review. This is before we'll pay for such observation room charges.

Provide medical records when requested, or when you send claims to us

As part of this program, we'll request medical records. We'll need operative notes for all inpatient and outpatient claims that include observation room charges. These are for revenue codes 760, 762 and 769 and exceed 24 hours. To make the claims review process faster, provide medical records when requested, or when you send claims. These records may include operative notes and clinical office records.