



## **Nonparticipating Facility Itemized Bill Review New Jersey Nonparticipating Providers**

### **1. What is Aetna's NP IBR (Nonparticipating Facility Itemized Bill Review) program?**

NP IBR is the analysis of a facility's itemized billing statement against Aetna's payment policies, Clinical Policy Bulletins and standard tables. The review looks for billing errors, duplicate charges, capital equipment charges and nursing function charges. The review is conducted on a pre-adjudication basis before the application of the Facility Charge Review, which is the application of a reasonable and customary benefit level to the allowed billing (assuming the recognized charge or benefit is based upon a reasonable and customary benefit).

### **2. What isn't part of Aetna's NP IBR program?**

Aetna's NP IBR program is not a chart-to-charge/charge-to-chart (bean count) audit. And, it isn't a medical necessity or utilization review audit. The NP IBR program doesn't question whether a supply or treatment was medically necessary.

### **3. Which claims are excluded from Aetna's NP IBR program?**

Claims that are paid at the non-preferred/out-of-network benefit level on plans that have a facility fee schedule (FMRXXX, FAC, or FAC1) are not included in this review program.

### **4. How are the NP IBR program reviews completed?**

Surgically trained registered nurses use facility line item databases to define/translate the itemized charge descriptions. They do this to determine whether the charges are separately billable.

### **5. Why is the NP IBR program necessary?**

The program is necessary to provide the same type of review on facility bills that Aetna conducts on HFCA (physician/ancillary) bills.

### **6. How long does the NP IBR review take to complete?**

The NP IBR review is completed, on average, within four to seven business days once an itemized billing statement is provided.

### **7. How does the NP IBR process work?**

Aetna:

- Receives claims directly from providers
- Identifies claims that are eligible for NP IBR
- Sends eligible NP IBR claims to the itemized bill review vendor
- Submits the claim for internal Facility Charge Review

- Processes and pays the claim

The vendor:

- Receives eligible NP IBR claims from Aetna
- Requests the itemized bill from the facility
- Completes the itemized bill review
- Reports their claim review findings and returns the claim to Aetna

If we don't already have an itemized bill, the vendor will call the applicable facility to request one. We have asked facilities to deliver the requested information to the vendor by secure fax and/or secure e-mail, so we get the itemization in a timely manner.

If a provider disagrees and wants to appeal, the provider should follow the standard [National Aetna Appeal Policy](#).

**8. What common charge items are identified as non-billable by Aetna's NP IBR program?**

The items noted below represent some of the more common items identified; however, this is not a complete list.

Supplies, Materials and Equipment

- Capital/medical equipment
- Fluoroscope
- Oximetry (equipment charge) is capital/medical equipment used to determine the oxygenation of the patient's blood and assist in the recovery of the patient
- Rental equipment
- Routine supplies
- Hydration/flushes

Implants and Supplies

- Sutures are routine supplies used in the operating room

Inpatient Private Duty Nursing

- Routine nursing services
- Oximetry (nursing function) is a routine nursing function—it's considered a routine service and not separately billable