Annual Claims Practices and Resolution Disclosure for Network Providers Doing Business in Nevada

As of January 1, 2026, in accordance with,N.R.S. 687B.730, providers will begin receiving annual notice detailing how claims are processed and paid. This notice is to ensure that providers are fully informed of the mechanisms by which remittances are issued and claims are evaluated, supporting timely and accurate reimbursement. Additionally, this outlines processes for claims resolution and provider disputes.

CLAIM SETTLEMENTS

Clean Claim

A clean claim submitted on paper or on its electronic equivalent must be on a CMS-1500 form or a UB-04 form and must include all pertinent information and associated attachments. A claim will not be a clean claim if it is missing any of the relevant information or attachments.

Electronic Claims

An electronic claim is a HIPAA-compliant electronic submission equivalent to the UB-04 (for institutional providers), the CMS-1500 (for physicians and other professional providers), or any other format adopted by the National Uniform Billing Committee (NUBC) or National Uniform Claim Committee (NUCC) that includes all relevant information.

To submit claims electronically, please contact your Practice Management System vendor and determine whether the vendor can send claims electronically to Aetna. If you do not have a Practice Management System vendor, or if that vendor cannot accommodate the request, then please contact one of Aetna's clearinghouse vendors listed at www.aetna.com.

From the menu bar, click "Providers," hover over "Working with us" then click on "Claims, payment & reimbursement." On the following page, scroll to "Electronic transaction tools" then click on "Look up electronic transaction vendors."

Electronic Transaction Vendors

For information on Aetna's electronic vendors, visit www.aetna.com.

From the menu bar, select click "Providers," hover over "Working with us" then click on "Claims, payment & reimbursement." On the following page, scroll to "Electronic transaction tools" then click on "Look up electronic transaction vendors."

Paper Claims – HMO & PPO Products – Mail claims to:

Aetna

P.O. Box 14079

Lexington, KY 40512-4079

Claims Inquiries – To confirm the recorded date of claims receipt or to make other inquiries about claims, you may inquire electronically using your preferred electronic claim status vendor. Or you may call Aetna at 1-800- 624-0756 for Medicare HMO Products / 1-888-MD-Aetna (632-3862) for All Other Products or contact your clearinghouse vendor.

Information regarding detailed payment policies, global payment provisions, and other policies
Availity, the secure external vendor website for Physicians, Hospitals, & Health Care Professionals, provides Aetna policy and payment information. Visit Availity.com to register and log-in.

PROVIDER DISPUTE RESOLUTION PROCESS

Have questions?

Check our dispute process FAQS

You can also call our provider service center. We're here for you 8 AM to 5 PM, local time.
1-888-632-3862 (TTY: 711)

- Additional information and Aetna policies for provider disputes, appeals, and reconsiderations are available on the Aetna.com website, in the "Health Care Professionals" section.