

# Fax

## **ALLINA HEALTH | AETNA MEDICARE MEMBER AUTHORIZATION APPEALS**

**To: Allina Health | Aetna Medicare Appeals Unit**

**Standard appeal - Fax: 1-724-741-4953**

**Fast appeal - Fax: 1-724-741-4958**

**From:** <provider office>

**Phone:** <provider office>

**Fax:** <provider office fax>

**Date:** <insert date>

**Pages:** <insert pages>

**Subject: Medicare member authorization appeals**

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**Allina Health | Aetna Medicare member ID:** <ID number>

**Reason for appeal:** <reason>

**Additional evidence:** <evidence>

This document may contain private or privileged information. If you think you have received this message in error, please contact the sender immediately. Then destroy this document.

Thank you,

Allina Health | Aetna Medicare

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# Helping patients to appeal denials on Medicare authorization or precertification requests

Providers in the Allina Health | Aetna network have the right to appeal denied medical item or service authorizations or Medicare Part B prescription drug for members. You must submit appeals within 60 days of the date of denial notice. We can work with you if you have a good reason for missing the deadline and need more time.

There are two kinds of Medicare member authorization appeals.

## 1. Standard appeal

If your appeal is about coverage for a medical item or service you have not yet received, you will get our answer within 30 calendar days after we receive your appeal.

If your appeal is about coverage for a Medicare Part B prescription drug you have not yet received, we will give you our answer within 7 calendar days after we receive your appeal.

The decision may take longer if you ask for an extension or if we need more information about your case and we will explain why more time is needed for a medical item or service. We cannot take extra time if your request is for a Medicare Part B prescription drug.

## 2. Fast appeal

You will get a decision within 72 hours of us receiving your appeal. You can ask for a fast appeal if you believe waiting 30 calendar days for a medical item or service or 7 calendar days for a Medicare Part B prescription drug may harm a patient's health.

We will automatically grant a fast appeal by a doctor. But if we get a fast appeal request without support from a doctor, we will handle as a standard appeal. See **1.**

### Standard appeal

Help ensure appeals and medical records go to the correct place. Please follow timely processing requirements.

### How to ask for an appeal

#### Step 1:

Your written request must include:

- Member name
- Medicare member ID
- Reason For appeal
- Any evidence you want us to review, such as letters or other information that explains why you feel your patient needs an item or service

Please submit all relevant medical records. These records are required to determine if the item or service is medically necessary. Types of records that may be required are progress notes, imaging reports, office visit notes and therapy records. More information may be required from you.

When submitting your appeal via fax, please use the form on the top of these instructions.

#### Step 2:

For a standard appeal, mail or fax to:  
Allina Health | Aetna Medicare Appeals Unit  
PO. Box 14067  
Lexington, KY 40512

For a standard appeal, fax: **1-724-741-4953**

For a fast appeal, fax: **1-724-741-4958**

#### Questions?

Allina Health | Aetna Medicare: **1-833-570-6661**

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