



Aetna Better Health® of Kentucky

NETWORK NOTICE

Date:	1/25/2021
To:	All Network Providers
From:	Provider Experience
Subject:	TAXONOMY LOGIC Respiratory Panel Claims processing CHANGE Introducing a new Behavioral Health Prior Authorization form
	Aetna-878, 866, 879

TAXONOMY LOGIC

When does a KY Medicaid claim or encounter need a taxonomy code?

Taxonomy code is required IF the Billing Provider NPI is linked to multiple KY Medicaid Provider IDs and provider types in the KY Medicaid Partner Portal Application (KY MPPA) during enrollment.

A claim rejection/denial will occur if the Billing Provider cannot be uniquely identified by matching the NPI and taxonomy code in the claim transaction to a specific Medicaid Provider ID and provider type in the enrollment records. A recommended best practice is to always provide a billing taxonomy.

An Ordering, Referring, Prescribing and Attending provider (ORPA) must also be enrolled in the Kentucky Medicaid program. This requirement also applies to out-of-state ordering, referring, and/or prescribing providers. These providers must also be enrolled in Kentucky Medicaid for services to be paid.

Providers must submit NPI and correct taxonomy code consistent with the provider's specialty and services being rendered and that is on file the Commonwealth of Kentucky's provider file for the date of service. Claims submitted without this information or claims that do not match the Departments data will be denied.

Aetna Better Health of KY has recently updated their software to ensure that NPI/taxonomy billed is consistent with the specialty registered with DMS and the services rendered.

On the CMS 1500 form, the rendering provider taxonomy submitted in box 24I and 24J (top of box, shaded area) – Code ZZ must be submitted in box 24I and the taxonomy code submitted in

24J.

The billing provider taxonomy is submitted in box 33B – enter the 2-digit quantifier of ZZ followed by the taxonomy code. Do not enter a space, hyphen, or other separator between the qualifier and number (e.g. ZZ207Q00000X).

On the UB form, the billing provider taxonomy is submitted in field 81 – Enter the 2-digit qualifier of B3 in the first column and then the taxonomy code immediately following.

Providers must also bill on the correct billing form as outlined with the Department's billing crosswalk.

Change - Claims processing for Respiratory Panels

Effective 2/23/2022 Aetna Better Health of Kentucky will change the way the following CPT codes will be processed for Respiratory Panels.

· 87632, 87633, 0202U, 0223U, 0225U

For the codes listed above, edits will be implemented based on the following criteria:

Claims for Respiratory Panels will require an appropriate ICD-10 diagnosis code(s)

ICD 10 codes: B97.29 and U07.1

Please note: This new process may result in a change in how your practice is reimbursed for these services.

BH Prior Authorization Form

PLEASE NOTE THE NEW FORM

Aetna will be replacing the current Behavioral Health prior authorization form with the new one shown below. This form will allow our system to more easily scan the information resulting in less errors.

This form can be found on our website:

<https://www.aetnabetterhealth.com/kentucky/providers/prior-authorization.html>

If you have any questions about our prior authorization process you can contact our Provider Relations Department by calling 1-855-300-5528.

Thank you,
Aetna Better Health of Kentucky

BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST

Aetna Better Health of Kentucky
 9900 Corporate Campus Dr, Suite 1000 Louisville,
 KY 40223
 Telephone Number: 1-855-300-5528(TTY: 711)
 Fax Number: 1-855-301-1564



Date of Request: _____

44. REQUEST TYPE? Initial <input type="checkbox"/> Concurrent <input type="checkbox"/>		45. SERVICE TYPE? Substance Use Order <input type="checkbox"/> Mental Health <input type="checkbox"/>		
46. Clinical Symptoms or Social Barriers? 				
47. Discharge Plan (Anticipated date to transition to lower level of care): 				
48. Substance Abuse and/or Mental Health History - History and Current Status: 				
49. Criteria/Level of Care Utilized in Past 12 Months				
Criteria/Level of Care	Name of Provider	Duration	Approximate Dates (MMDD*YYY - MMDD*YYY)	Outcome
50. OPTIONAL SPACE FOR ADDITIONAL DOCUMENTATION:				
Include the following documentation with the ABA Request or OTR Prior Authorization Request: <ul style="list-style-type: none"> • Clinical data (Psycho/Social/Behavioral history, mental status, current specific maladaptive behaviors and/or skill deficits, co-occurring disorders and medical condition(s)) • Progress reducing target behaviors/skill deficits or lack of, and plan to address. For initial ABA requests, include progress or lack of, with any previous treatment interventions • Compliance with treatment and treatment recommendations, include plan to address non-compliance • For ABA Requests, include treatment plan 				
SECTION 8 – ATTESTATION				
Complete all fields in their entirety.				
51. Printed Name of Provider/Clinician:			52. Date (MMDD*YYY):	
53. Signature of Provider/Clinician:				

NOTE: This form must be completed in its entirety in order to receive a determination. Incomplete forms may lead to delays in processing or lack of authorization.

AUTHORIZATION DOES NOT GUARANTEE PAYMENT. ALL AUTHORIZATIONS ARE SUBJECT TO MEMBER ELIGIBILITY ON THE DATE OF SERVICE. TO ENSURE PROPER PAYMENT FOR SERVICES RENDERED; PROVIDER/FACILITY MUST VERIFY ELIGIBILITY ON THE DATE OF SERVICE.

BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST

Aetna Better Health of Kentucky
9900 Corporate Campus Dr, Suite 1000
Louisville, KY 40223
Telephone Number: 1-855-300-5528 (TTY: 711)
Fax Number: 1-855-301-1564



Date of Request: _____

- SERVICE TYPE: PSYCHOLOGICAL / NEUROPSYCHOLOGICAL APPLIED BEHAVIOR ANALYSIS (ABA)
- ELECTROCONVULSIVE THERAPY (ECT) / TRANSCRANIAL MAGNETIC STIMULATION (TMS)
- OUTPATIENT TREATMENT REQUEST (OTR)

URGENT – When a non-urgent prior authorization request could seriously jeopardize the life or health of a member. The member's ability to attain, maintain, or regain maximum function or that a delay in treatment would subject the member to severe pain that could not be adequately managed without the care/service requested. Urgent requests will be processed within (TAT 1 BUSINESS DAY).

NON - URGENT STANDARD – Routine services processed within (TAT 2 BUSINESS DAYS)

Visit our ProPAT search tool to determine if a service requested requires PA (<https://medicalportal.aetna.com/propat/Default.aspx>). A determination will be communication to the requesting provider.

COMPLETE SECTIONS 1-3 IN THEIR ENTIRETY.

SECTION 1 - MEMBER INFORMATION		
1. FIRST NAME	2. M.I.	3. LAST NAME
4. MEDICAID ID#	5. DATE OF BIRTH (MMDDYYYY)	6. MEMBER PHONE # (xxx-xxx-xxxx)
7. DOES THE MEMBER HAVE OTHER INSURANCE? (Include Policy Number Below)		
SECTION 2 - REQUESTING / SERVICING PROVIDER INFORMATION		
8. REQUESTING PROVIDER FIRST NAME	9. REQUESTING PROVIDER LAST NAME	10. CONTACT PERSON (For questions)
11. SERVICING PROVIDER NAME / FACILITY / AGENCY		12. CONTACT PERSON (For questions)
13. TELEPHONE # (xxx-xxx-xxxx)	14. FAX # (xxx-xxx-xxxx)	15. NPI
SECTION 3 - DIAGNOSIS CODES AND SERVICE / HCPCS CODES		
16. SERVICE START DATE (MMDDYYYY)	17. SERVICE END DATE (MMDDYYYY)	
18. ICD 10 / DSM 5 CODE(S)	19. CODE DESCRIPTION(S) Include description of the service when uncertain of a code.	

BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST



Aetna Better Health of Kentucky
9900 Corporate Campus Dr, Suite 1000
Louisville, KY 40223
Telephone Number: 1-855-300-5528 (TTY: 711)
Fax Number: 1-855-301-1564

Date of Request: _____

<p>Include the following clinical documentation with the ECT/TMS Prior Authorization Request:</p> <ul style="list-style-type: none"> • Recent comprehensive Psychiatric Evaluation • History of Psychiatric Treatment: to date (include all levels of care) <ul style="list-style-type: none"> ◦ Include onset, course, and severity of illness ◦ Response to treatment ◦ Describe Patient's overall treatment compliance • For prior ECT treatment, include dates, location, number of treatments, results and known contraindications to ECT • Substance abuse history and current status • Any labs/diagnostic tests available to the prescribing clinician 	
<p>SECTION 5 – PSYCHOLOGICAL / NEUROPSYCHOLOGICAL TESTING REQUEST Complete all fields in their entirety.</p>	
<p>33. SERVICE TYPE REQUESTED</p> <p>Psychological <input type="checkbox"/> Neuropsychological <input type="checkbox"/></p>	<p>34. PRIOR TESTING? (if yes, include date)</p> <p>Yes <input type="checkbox"/> DATE (MMDDYY): _____ No <input type="checkbox"/></p>
<p>35. CURRENT BH OUTPATIENT SERVICES?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>36. PSYCHIATRIC DIAGNOSTIC EVALUATION?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>37. WHAT IS THE CLINICAL QUESTION TO BE ANSWERED BY TESTING?</p> <p> </p>	
<p>38. HOW WILL TESTING AFFECT MEMBER'S TREATMENT?</p> <p> </p>	
<p>39. DETAILED CLINICAL SUMMARY FROM TREATING PSYCHIATRIC PROVIDER FOR 6 MONTHS:</p> <p> </p>	
<p>Include the following documentation with the Psychological/Neuropsychological Prior Authorization Request:</p> <ul style="list-style-type: none"> • Detailed clinical summary (Physical & Behavioral Health) • BHMP Evaluation & progress notes that detail assessment of clinical concern • Any supporting rating scales • Neurological assessment reviewed by BHMP (if request is for a Neuropsychological Evaluation) • Any prior testing completed 	
<p>SECTION 6 – APPLIED BEHAVIORAL ANALYSIS (ABA) Complete all fields in their entirety.</p>	
<p>40. REQUEST TYPE?</p> <p>Initial <input type="checkbox"/> Concurrent <input type="checkbox"/></p> <p>If concurrent, how long has member been receiving services?</p>	<p>41. TREATMENT SETTING?</p> <p> </p>
<p>42. CLINICAL SYMPTOMS OR SOCIAL BARRIERS?</p> <p> </p>	
<p>43. DISCHARGE PLAN (Anticipated date to transition to lower level of care)</p> <p> </p>	
<p>SECTION 7 – OUTPATIENT TREATMENT REQUEST (OTR) REQUEST Complete all fields in their entirety.</p>	

www.aetnabetterhealth.com/kentucky

Behavioral Health Stc. PA Form
01/2022

How to request PA

Online

You can ask for PA through our secure Provider Portal.

By phone

You can call us Monday through Friday, from 8 AM to 6 PM ET, at **1-888-725-4969** (TTY: 711) for physical health PA. You can call us at **1-888-470-0550** (TTY: 711) for physical health concurrent review requests. Or you can call us at **1-855-300-5528** (TTY: 711), 24 hours a day, 7

days a week to request PA for behavioral health inpatient services.

By fax

You can download the appropriate PA form. Then, send your:

- Physical health PA requests to **1-855-454-5579**
- Physical health concurrent review requests to **1-855-454-5043**
- Behavioral health PA requests to **1-855-301-1564**
- Behavioral health psychological and neuropsychological testing requests to **1-844-885-0699**

If you're requesting PA for Supporting Kentucky Youth (SKY) members, just download the appropriate PA form. Then, send your:

- Physical health PA request for a SKY member to **1-833-689-1422**
- Physical health concurrent review request for a SKY member to **1-833-689-1423**
- Behavioral health outpatient request for a SKY member to **1-833-689-1424**
- Behavioral health and testing PA request for SKY members to **1-844-885-0699**

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

NETWORK RELATIONS COVERAGE AND CONTACT INFORMATION

Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology, and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all our partners.

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. This team is dedicated to meeting the needs of you, our providers. We are subject matter experts and are available to providers for education, training, and support. We assign every participating provider a Network Manager.

Aetna Better Health of Kentucky offers a provider services line which can be reached by calling 1-855-300-5528 - Monday through Friday 7 AM-7 PM.

Credentialing applications, forms, and updates along with any demographic updates and terminations should be sent directly to: KyProviderUpdates@aetna.com

General forms, ERA enrollments, or general questions can be sent to KYProviderRelations@aetna.com



Dustin Johnson

SKY Network Manager
Supporting Kentucky Youth
502-648-6526
Johnsod38@Aetna.com

Behavioral Health Providers
Region 3
Region 4

All Regions - Community
Mental Health Centers



Michelle Marrs

Network Relations Manager,
SKY Liaison
859-221-4737
MarrsM@Aetna.com

Supporting Kentucky Youth,
SKY Liaison Statewide



Holly Smith

Network Relations Manager
815-641-7411
Smithh3@Aetna.com

Behavioral Health Providers
Region 1
Region 2
Region 5
Region 6
Region 7
Region 8



Becky Marcum

Network Relations Manager
(606) 350-0579
marcumr@aetna.com

Association of Primary Care
Physicians
Community of Health
Partners
Cooperative Care Network
Ephraim McDowell
Kentucky Primary Care
Association
The Physicians Network



Trista Gibson

Network Manager
606-305-2705
GibsonT1@Aetna.com

Baptist Health System
King's Daughters Medical
System
LifePoint Health System
Norton Healthcare System
St. Claire Medical Center
University of Kentucky
System University of
Louisville System



Gina Gullo

Network Relations Manager
502-612-9958
Rgullo@Aetna.com

Region 1
Ballard, Caldwell, Calloway,
Carlisle, Crittenden, Fulton,
Graves, Hickman, Livingston,
Lyon, McCracken
Region 2
Christian, Daviess, Hancock,
Henderson, Hopkins,
McLean, Muhlenberg, Ohio,
Todd, Trigg, Union, Webster

Providers in the state of
Indiana



OPEN

Please send all inquiries to

OPEN

Please send all inquiries to

Becky Bowman

Network Relations

Region 3

Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington

Region 4

Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne

Providers in the state of Tennessee

Region 5

Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford

All other states excluding: IN, OH, TN, VA, & WV



Jacquylne Pack

Network Manager

606-331-1075

Jmpack@Aetna.com

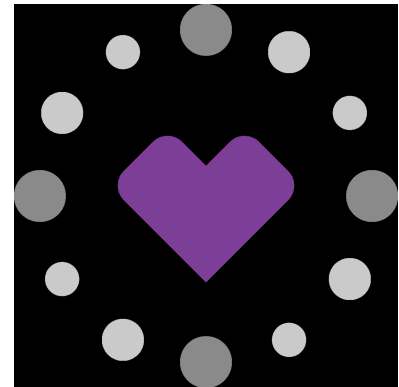


Krystal Risner

Network Manager

606-687-0310

Risnerk@Aetna.com



Region 6

Boone, Campbell, Gallatin, Grant, Kenton, Pendleton CHI Saint Joseph Medical Group (Kentucky One) Vanderbilt

Providers in the state of Ohio and West Virginia

Region 7

Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan

Region 8

Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Morgan, Owsley, Perry, Pike, Whitley, Wolfe

Providers in the state of Virginia

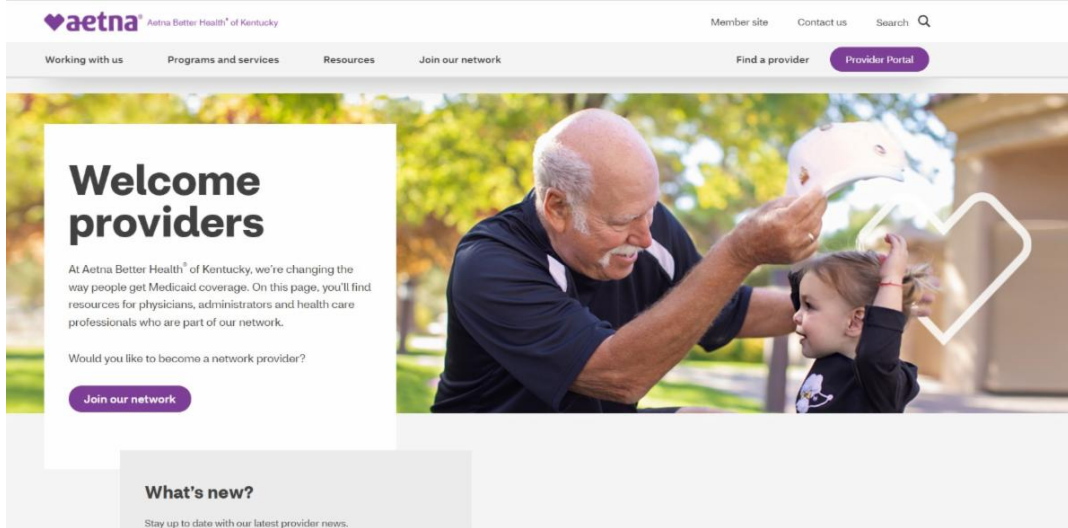
Save time by accessing our online resources.

Be sure to check out our convenient web tools, available 24/7.

Health Plan Website

The health plan website is a resource for members and providers. Providers will find information such as the member handbook, provider manual and the formulary on the health plan website

Visit the Website at: AetnaBetterHealth.com/Kentucky



Availity

Aetna Better Health of Kentucky is excited to have transitioned from our Provider Portal to Availity. This transition allows for an increase in digital interactions available to support you as you provide services for our members.

Functionality examples include:

- Eligibility and member benefits look up -
- EFT registration -
- Claim status look up -
- Online claim submission
- PA submission and look up
- Grievance and appeals submission

Visit Availity at: [AVAILITY](#)



Visit us at [Aetna Better Health of Kentucky](#) | [Contact Us](#) | [FAQs](#) | [Privacy Policy](#)

Aetna Better Health of Kentucky | 9900 Corporate Campus Drive , Suite 1000, Louisville , KY 40223

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Sent by marrsm@aetna.com in collaboration with



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