


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>November 15, 2022</b>
	<b>Purpose:</b>	<b>Educate Providers on Prior Authorization Propat website access</b>
	<b>Subject:</b>	<b>Prior Authorization - Propat Website Access</b>
	<b>Products:</b>	<b>MMA, LTC, FHK</b>
	<b>From:</b>	<b>Provider Relations</b>

## Aetna Better Health® of Florida

### Prior Authorization - Propat Website Access

Dear Providers,

We would like to remind you that Aetna Better Health of Florida (ABHFL) has a **Prior Authorization Search Tool** that its available to all of our participating providers with no log-in requirement.

#### What is the Prior Authorization Search Tool (Propat)?

A tool that can be used to determine if prior authorization (PA) is required.

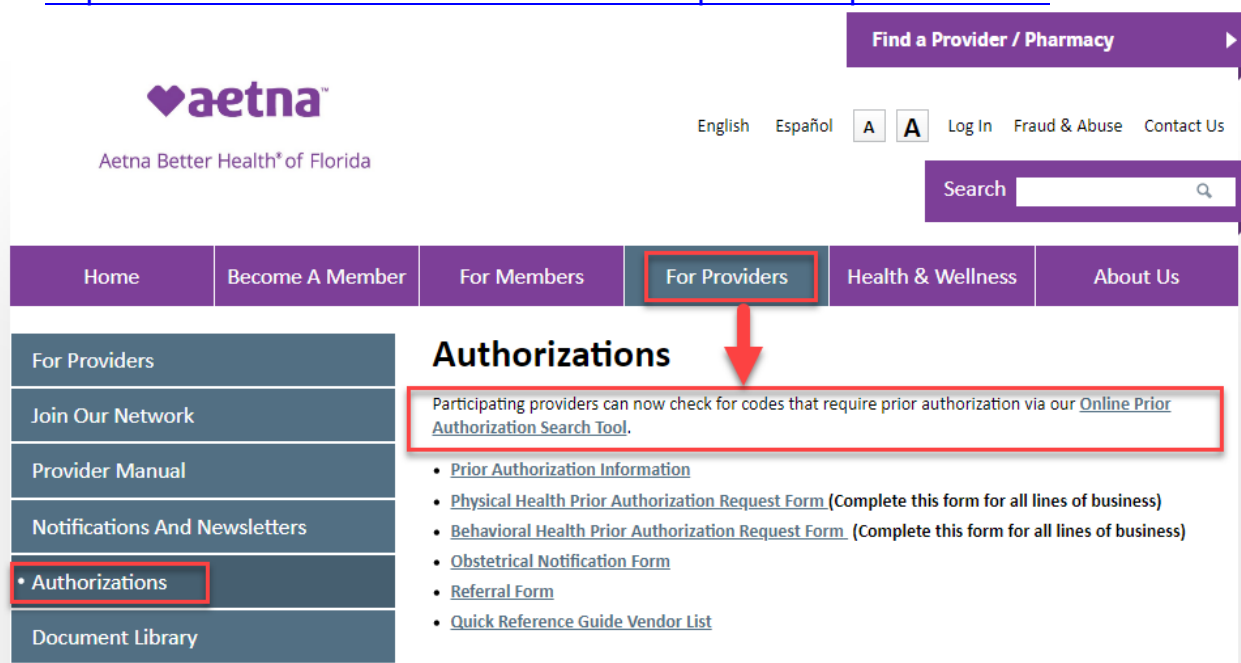
#### Where can I find the Authorization Search Tool?

The tool is available and easy to find on our ABHFL website

- [www.aetnabetterhealth.com/florida](http://www.aetnabetterhealth.com/florida)

Simply find the “For Providers” tab and “Authorizations” subtab (see below screenshot)

- <https://www.aetnabetterhealth.com/florida/providers/provider-auth>




The screenshot shows the Aetna Better Health of Florida website. At the top, there is a navigation bar with the Aetna logo, language options (English, Español), and links for Log In, Fraud & Abuse, and Contact Us. Below the navigation bar is a search bar. The main navigation menu is highlighted, with the "For Providers" tab selected. Under the "For Providers" tab, the "Authorizations" subtab is highlighted with a red box and a red arrow pointing to it. Below the "Authorizations" subtab, there is a red box containing the text: "Participating providers can now check for codes that require prior authorization via our [Online Prior Authorization Search Tool](#)." Below this text, there is a list of links: "Prior Authorization Information", "Physical Health Prior Authorization Request Form (Complete this form for all lines of business)", "Behavioral Health Prior Authorization Request Form (Complete this form for all lines of business)", "Obstetrical Notification Form", "Referral Form", and "Quick Reference Guide Vendor List".

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## Propat Prior Authorization Search Tool View

Participating Providers: To determine if prior authorization (PA) is required, enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH. Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
- EXPIRED - CPT or HCPCS code entered is no longer valid for use by health plan providers.

**Exception Detail, Svc Partner Detail -** When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.


### General Information/Code Search:

- The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage [click here](#) or call your provider services representative for Aetna Better Health of Florida at 1-844-645-7371, TTY 711, for Comprehensive, 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health of Florida in writing and on the home page of Aetna Better Health of Florida's secure web portal.

### For Aetna Better Health of Florida - Comprehensive

- If you have any questions about authorization requirements or need help with the search tool, please contact Aetna Better Health of Florida - Comprehensive Provider Relations at 1-844-645-7371, TTY 711.
- Emergent and Urgent Care services do not require PA.
- Search results are not a guarantee of claim payment.

### For Aetna Better Health of Florida for Medicaid and Florida Healthy Kids

**Exception Detail, Svc Partner Detail -** When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Florida Provider Relations at 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- For Dental benefits and prior authorization, please contact the member's Dental vendor.
- All inpatient and observation hospital confinements require PA.
- Effective 4/1/2022, Services rendered in place of service 19/22 (outpatient hospital) require authorization based on the procedure code billed. Authorization requirements can be found in the code lookup tool.
- Usually ALL services provided by non-participating providers require PA except Professional Component (i.e.: RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY, and LABORATORY) of Facility (hospital) based services, Urgent Care Services, and Emergency Ambulance Service.
- Home health, infusion, and enteral feeding services require prior authorization.
- All wound care requires prior authorization.
- The following DME, Medical Supplies, Prosthetics & Orthotics require authorization:
  - Any item listed on the fee schedule greater than \$500 allowable
  - Any item not on the DME fee schedule
  - All DME rentals
  - DME items listed as requiring authorization.
- Transplant services (including evaluation) require prior authorization.
- Hospice services require prior authorization.
- All laboratory services related to genetic testing, regardless of place of service, require prior authorization.
- Search results, as well as authorization, are not a guarantee of claim payment.
- eviCore (formerly MedSolutions) performs Utilization Management services on behalf of Aetna Better Health of Florida for High Tech Imaging and Interventional Pain Management. Please submit your prior authorization request directly to eviCore at [www.evicore.com](http://www.evicore.com) or you may call 1-888-693-3211 or fax 1-888-693-3210
- The following ancillary providers perform clinical review services on behalf of Aetna Better Health of Florida. Please contact these providers for clinical review and benefit information:
  - Hearing Evaluations/Hearing Aides - HearUSA  
1-800-731-3277; [www.hear.com](http://www.hear.com)
  - Ophthalmology/Optometry Services - iCare  
1-855-373-7627 prompt 3; [www.mycarehealth.com](http://www.mycarehealth.com)
- Oncology treatment plans must be submitted to NantHealth via their web portal. Evi Connect, which will expedite clinical review of any chemotherapy, radiation therapy, or supportive medications that require prior authorization. Please contact Evi Connect at <https://connect.evi.com>, 1-888-482-8057
- For all NICU admissions, please fax admission notification and clinical with identifying information to 877-855-2431. Hospitals may also reach Progeny Health UM department by phone at 888-832-2006. Please follow the prompts and select option 3. Include the following information in all NICU admissions to Progeny:
  - Name: Mom and baby
  - DOB: Mom and baby
  - Requested LOC
  - ID information: for Mom and or baby if they have it
  - Demographics
  - Facility and attending provider NPI number
- Pharmacy Prior Authorization Phone number: 1-800-441-5501
- Pharmacy Prior Authorization Fax numbers: 1-855-799-2554
- Claims mailing address: Aetna Better Health of Florida  
PO Box 63578  
Phoenix, AZ 85082-1925
- Member appeals mailing address: Aetna Better Health of Florida  
Att: Florida Medicaid Grievance and Appeals Department  
261 N University Drive  
Plantation, FL 33324
- Phone numbers and fax numbers:
  - Medicaid Provider Line: 1-800-441-5501 Fax: 1-844-235-1340
  - Florida Healthy Kids Provider Line: 1-844-528-5815 Fax: 1-844-235-1340
  - Prior Authorization Line: 1-800-441-5501 Fax: 1-860-607-8056
  - Obstetrics Prior Auth: 1-800-441-5501 Fax: 1-860-607-8726
- Acute Behavioral Health Inpatient Authorizations and Substance Abuse Residential must be called in or submitted through Availity:
  - FHK Telephone: 1-844-528-5815
  - MMA/LTC Telephone: 1-800-441-5501
- All other behavioral health/substance abuse requests can be faxed or submitted through Availity:
  - FHK Fax: 833-365-2493
  - MMA/LTC Fax: 833-365-2474
- Aetna Better Health of Florida Website: <https://www.aetnabetterhealth.com/florida/>
- Other Reference Links:
  - Aetna's Clinical Policy Bulletins: <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>
  - Florida Medicaid Provider Handbook: [http://portal.flmhs.com/FLPublic/Provider\\_ProviderServices/Provider\\_ProviderSupport/Provider\\_ProviderSupport\\_ProviderHandbooks/tabid/53/Default.aspx](http://portal.flmhs.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabid/53/Default.aspx)
  - Florida Medicaid Preferred Drug List (PDL): [http://www.fhcs.state.fl.us/medicaid/prescribed\\_drug/pharm\\_thera/fmmdl.shtml](http://www.fhcs.state.fl.us/medicaid/prescribed_drug/pharm_thera/fmmdl.shtml)
  - Aetna Better Health of Florida Healthy Kids Handbook: <https://www.aetnabetterhealth.com/florida/providers/provider-manual>
  - Aetna Better Health of Florida Healthy Kids Formulary or Preferred Drug List (PDL): <https://www.aetnabetterhealth.com/florida/providers/provider-pharmacy/>

Enter CPT or HCPCS Code(s)

OR Select CPT Group:

Select Plan:

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

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## How to Search a CPT or HCPCS Code(s) in Propat & determine if PA Authorization is required?

- **Step 1** – Enter CPT or HCPCS Code (s). You can enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group to search and determine if a PA is required for rendering services.
- **Step 2** – Select Plan option (Required). The tool is the same for all lines of business, however, it's important to note that you must indicate the line of business you are searching for in the tool to make sure accurate information is pulled for that line of business.
- **Step 3** – Click on “Search” to obtain the results

**Step 1**

Enter CPT or HCPCS Code(s)

T1017

OR Select CPT Group:

Select Plan: ABH of Florida MMA/FHK

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

**Step 3**

Search Clear Export

### Results – PA Required YES/NO

Once step 3 (Search) is completed, the below results will appear and confirm if a PA is required for the CPT or HCPCS code entered.

Enter CPT or HCPCS Code(s)

T1017

OR Select CPT Group:

Select Plan: ABH of Florida MMA/FHK

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

Search Clear Export

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	HCPCS - STATE MEDICAID AGENCY	YES		

### Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
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## Variance Detail

The “Variance Detail” is a very important and informational feature. You can simply hover over the icon, and it will provide detailed information about the requirements of the PA.

## Example

When you hover over the “Variance Detail” for code T1017, it will provide you with the following message:


*“No prior auth required for services with modifiers TL, (EIS), SE (MFC) or HA when child is 3 years old or under. For FHK, services can only be authorized and/or billed using corresponding CPT codes, Medical benefit limits apply”.*

Enter CPT or HCPCS Code(s)

OR Select CPT Group:   Include only CPT codes requiring PA?

Select Plan:

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	HCPCS - STATE MEDICAID AGENCY	YES		

*No prior auth required for services with modifiers TL, (EIS), SE (MFC) or HA when child is 3 years old or under. For FHK, services can only be authorized and/or billed using corresponding CPT codes, Medical benefit limits apply*

## To request a prior authorization, be sure to:

- Always verify member eligibility prior to providing services.
- Complete the appropriate authorization form (medical or pharmacy).
- Attach supporting documentation when submitting. This could include:
  - Recent progress notes documenting the need for the service
  - Lab results
  - Imaging results (x-rays, etc.)
  - Procedure/Surgery reports
  - Notes showing previous treatment tried and failed
  - Specialty notes

**Important to Note:** When checking whether a service requires an authorization under Aetna Better Health of Florida, please keep in mind that a listed service does not guarantee that the service is covered under the plan’s benefits. Always check plan benefits first to determine whether the service is covered or not.

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## Behavioral Health Authorizations

Acute Behavioral Health Inpatient Authorizations and Substance Abuse Residential must be called in or submitted through Availity:

- FHK Telephone: 1-844-528-5815
- MMA/LTC Telephone: 1-800-441-5501

All other behavioral health/substance abuse requests can be faxed or submitted through Availity:

- FHK Fax: 833-365-2493
- MMA/LTC Fax: 833-365-2474

Thank you for your continued participation in the Aetna Better Health of Florida network.

As always, please don't hesitate to contact our Provider Services line if you have any questions at:

**Phone:** MMA: 1-800-441-5501

LTC: 1-844-645-7371

FHK: 1-844-528-5815

**Email:** [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com)

Thank you,

**Aetna Better Health of Florida**

[www.aetnabetterhealth.com/florida](http://www.aetnabetterhealth.com/florida)

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**[www.AetnaBetterHealth.com/Florida](http://www.AetnaBetterHealth.com/Florida)**