## Aetna Better Health® of Illinois

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## Aetna Better Health® of Illinois

## T1016 benefit limit

Aetna Better Health® of Illinois has removed the prior authorization requirement for T1016 for participating in-network providers. This is effective immediately.

In accordance with HFS guidelines, reimbursement for TCM services is not allowed past the benefit limit of 240 hours per State fiscal year, per member.

Our <u>Provider Prior Authorization Tool</u> (ProPAT) and <u>Outpatient Treatment Request</u> (OTR) form have been updated with this change.

Non-participating providers will still require prior authorization for T1016, up to the 240-hour benefit limit.

Claims that exceed the benefit limit of 240 hours per State fiscal year, per member, will be denied.

## **Questions?**

Please contact your assigned representative for assistance. A list of assigned reps can be found at the link below.

Provider Relations assignment listing