



Aetna Better Health[®]
of Kentucky



TIP TUESDAY - Prior Authorization / ProPat

February 6, 2024

ProPat is to be used as a GUIDE ONLY. PA requirements are not date of service specific.

Search results, including, authorization requirements are not a guarantee of claim payment.

ABHKY follows and applies NCCI edits based on AMA CPT Guidelines, this may include but is not limited to Incidental editing, POS, modifier, diagnosis, age restrictions, quantity, and MUE.

Non par services require prior authorization excluding Professional Component (i.e.: RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY, and LABORATORY) of Facility based services, Urgent Care Services, and Emergency Ambulance Service.

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- **EXPIRED** - CPT or HCPCS code entered is no longer valid for use by health plan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 below 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:

- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage, please reference your Aetna Better Health Provider Manual: [Aetna Better Health of Kentucky Provider Manual](#) or call your provider services representative at **1-855-454-0061**.
- [Click here](#) for additional information on how to request authorizations.
- 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.
- 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.
- 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 in writing and on the home page of Aetna Better Health's secure web portal.
- 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.
- For Expanded Services as well as some radiology, and diagnostic may be carved out. Please review the Service Partner Detail on the code lookup prior to contacting the below.

Vendor Information

- **Vision:** Vision services are provided by Avesis. Please contact the vision benefit administrator, Avesis for prior authorization of these services at www.avesis.com or call **1-855-214-6776**
- **Dental:** Dental services are provided by Avesis. Please contact the dental benefit administrator for prior authorization of these services at www.avesis.com or call **1-855-214-6776**
- **eviCore Healthcare** performs utilization management services on behalf of Aetna Better Health for the following programs:

Musculoskeletal (interventional pain management), Radiology Management (includes advanced imaging such as CT, MRI, PET scans) and Cardiology.

Please submit your prior authorization request directly to eviCore at www.eviCore.com or you may call eviCore at **1-888-693-3211** or fax **1-844-822-3862**.

Services Requiring Prior Authorization:

- Inpatient admissions/services require authorization except for Behavioral health inpatient admissions, which are excluded from requiring authorization at this time.
- Residential Substance Use Disorder treatment services.
- All non-behavioral health home-based services require authorization.
- DME, Medical Supplies, Prosthetics & Orthotics billed greater than \$500
- All DME rentals
- Metabolic Foods
- All Enteral Feeds
- Transplant services (including evaluation)
- Dental Anesthesia (in an outpatient facility)
- Hospice services
- Air Ambulance (excluding Rotary wing billed with an SH modifier).
- Chiropractic services
- In Home sleep studies
- Non-Diabetic routine foot care
- Oncology treatment plans must be submitted to NantHealth via their web portal, Eviti® Connect, which will expedite clinical review of any chemotherapy, radiation therapy, or supportive medications that require prior authorization. Please contact Eviti® Connect at <https://connect.eviti.com>, 1-888-482-8057.

If you have any questions about authorization requirements or need help with the search tool, contact **Aetna Better Health of Kentucky Provider Relations at 1-855-454-0061**

Pharmacy inquires:

- MedImpact Technical Call Center (Member Call Center & Provider Technical Issues)
Pharmacy Help desk: **800-210-7628** (Hours: 24/7)
- MedImpact Prior Authorization Call Center: **844-336-2676** (Hours: 8am- 7pm, EST)
- MedImpact Prior Authorization Call Center fax #: **858-357-2612**
- MedImpact appeals team fax: **858-790-6060**

Services with limitations:

- **UDS-Urine Drug screen**
For presumptive-80305, 80306 and 80307 are allowed 35 units per calendar year w/o prior authorization.
 - After 35 prior authorization is required.
For Definitive-G0480, G0481, G0482, G0483 are allowed 16 units per calendar year w/o prior authorization.
 - After 16 prior authorization is required.
Only 1 definitive and 1 presumptive can be billed on the same DOS
- **Observation over 48hrs requires PA.**
 - Under 8 hours will not be reimbursed separately from L&D, Outpatient surgery, or ED services.
- **DME/Medical Supplies- Volume limits are based on the KY DMS Fee Schedule max units**
- **Non-Emergent Ambulance must have a Physician Certification Statement of Medical Necessity**
- **Therapy services**
 - For outpatient therapy (occupational therapy, physical therapy and speech-language pathology services) there is no prior authorization required for the evaluation and initial 20 visits (per member, per discipline, per calendar year)

- After the 20th visit prior authorization is required
- Members (21 yrs. and older) are limited to 20 annual visits
- **Chiropractic Services-** limited to 26 annual visits. Visits 1-12 do not require prior authorization.
- **Hearing - Adult member (21 yrs. and older)**
 - 1 Hearing exam and
 - 1 hearing aid per year up to \$1600 per year
- **Mammograms** - limited to one per year without prior authorization for members over the age of 35.
 - Must be billed with a screening diagnosis. i.e.: Z12.31 or Z12.39
- **Cervical Cancer Screening**
 - Ages 21-25. Pap test every three years
 - Ages 30-65: Women in this age group may choose to get a Pap test every three years, a primary human papillomavirus test every five years, or both tests every five years.
- **Obstetrical (OB) ultrasounds-**

The following codes will not require a prior authorization, unless defined limits are exceeded.

CODE	NORMAL RISK	HIGH RISK
76801	1 every pregnancy Greater than 1 require medical records submitted with claim to document for instances such as miscarriage	1 every pregnancy Greater than 1 require medical records submitted with claim to document for instances such as miscarriage
76802	1 every pregnancy If greater than 1 require medical records submitted with claim documenting number of gestations	1 every pregnancy If greater than 1 require medical records submitted with claim documenting number of gestations
76805	1 every pregnancy	1 every pregnancy
76810	1 every pregnancy If greater than 1 require medical records submitted with claim documenting number of gestations	1 every pregnancy If greater than 1 require medical records submitted with claim documenting number of gestations
76811	None	1 every pregnancy Must include high risk pregnancy ICD 10
76812	None	1 every pregnancy Must include high risk pregnancy ICD 10
76813	1 every pregnancy Note ~ not reimbursable if cell free DNA performed in same	1 every pregnancy Note ~ not reimbursable if cell free DNA performed in same

	period (81420, 81422), (0060U, 0126U)	period (81420, 81422), (0060U, 0126U)
76814	1 every pregnancy Note not reimbursable if cell free DNA performed in same period (81420,81422), (0060U,0126U) If greater than 1 require medical records submitted with claim documenting number of gestations	1 every pregnancy Note not reimbursable if cell free DNA performed in same period (81420,81422), (0060U,0126U) If greater than 1 require medical records submitted with claim documenting number of gestations
76815	1 every pregnancy	2 every pregnancy when reported with high-risk pregnancy ICD 10 Greater than 2 require medical records submitted with claim
76816	1 every pregnancy	Up to 5 every pregnancy for high-risk pregnancy ICD10 reported
76817	None	Up to 5 every pregnancy for high-risk pregnancy ICD 10 reported
76818	None	No limit when reported with high-risk pregnancy ICD 10
76819	None	No limit when reported with high-risk pregnancy ICD 10
76820	None	No limit when reported with high-risk pregnancy ICD 10
76821	None	No limit when reported with high-risk pregnancy ICD 10
76825	None	1 every pregnancy Must include high risk pregnancy ICD 10
76826	None	1 every pregnancy Must include high risk pregnancy ICD 10
76827	None	No limit when reported with high-risk pregnancy ICD 10
76828	None	No limit when reported with high-risk pregnancy ICD 10



As always, do not hesitate to contact your Network Manager with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health of Kentucky Members.

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



Gina Gullo
Sr. Network Manager
502-612-9958
Rigullo@Aetna.com

Region 1

Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken



Becky Bowman
Network Manager
502-322-2699
BowmanB@Aetna.com

Region 3

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



Andrea Dewitt
Network Manager
270-306-0765
DewittA@aetna.com

Region 4

Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski,

Region 2

Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster

Providers in the state of Indiana



Trista Gibson

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

Region 5

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

(Temporary) Region 6

Boone, Campbell, Kenton

Washington

(Temporary) Region 6

Gallatin, Grant, Pendleton



Jennifer Hardin

Network Manager
606-240-0120
HardinJ@Aetna.com

Region 8

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

(Temporary) Region 7

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

Providers in the state of Virginia and West Virginia



Holly Smith

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

Community Mental Health Centers - statewide

Behavioral Health Providers

- Region 1
- Region 2
- Region 7
- Region 8

Russell, Simpson, Taylor, Warren, Wayne

Providers in the state of Tennessee



Jacquelyne Pack

Sr. Network Manager
606-331-1075
Jmpack@Aetna.com

Value Based Solution - statewide



Christi Atkinson

BH Network Manager
859-321-0775
AtkinsonC1@aetna.com

Behavioral Health Providers

- Region 3
- Region 4
- Region 5
- Region 6



Michelle Marrs

Network Manager
859-221-4737
Marrsm@Aetna.com

SKY, Supporting Kentucky's Youth -
statewide

All other Out of State Providers including
OHIO, and those not otherwise listed



Dustin Johnson

Provider Experience Manager
502-648-6526
JohnsonD38@Aetna.com

Statewide



Krystal Risner

Supervisor, Network Relations
606-687-0310
Risnerk@Aetna.com



Joann Marston

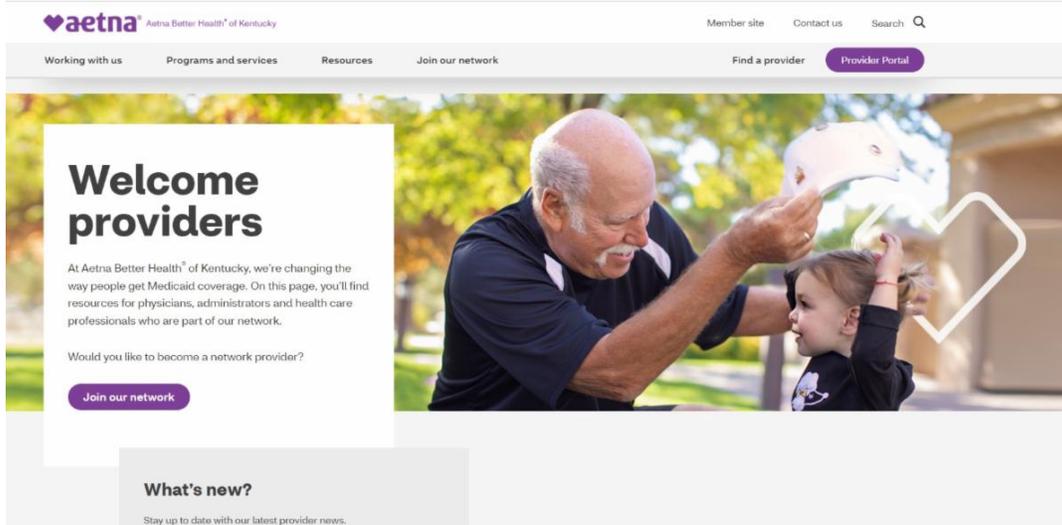
Ld. Director, Network Management
859-669-6217
MarstonJ@Aetna.com

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 -
- Claim status look up -
- Online claim submission
- PA submission and look up
- Grievance and appeals submission

Visit Availity at: [AVAILITY](#)



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