

8/16/2022

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's (LDH) Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

Effective 9/16/2022 Aetna Better Health will enforce Policy 7000.82- Community Brief Crisis Support (CBCS) and Behavioral Health Crisis Care (BHCC)

Objectives of the CBCS and BHCC prior authorization process are to:

- Accurately document all CBCS and BHCC authorization requests
- Verify that a member is eligible to receive the service at the time of the request and on each date of service
- Assist providers in providing appropriate, timely, and cost-effective CBCS and BHCC
- Verify the practitioner's or provider's network participation
- Define responsibilities of health professionals involved in the medical necessity decision making process
- Evaluate and determine medical necessity and/or need for additional supporting documentation
- Collaborate and communicate as appropriate for the coordination of members' care
- Facilitate timely claims payment by issuing prior authorization numbers to practitioners or providers for submission with claims for approved services
- Place appropriate limits on CBCS and BHCC on the basis of medical necessity or for the purposes of utilization management provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this reminder notification.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.