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 5/8/2022 Aetna Better Health will enforce Applied Behavior Analysis Policy 7000.11 to achieve the following objective:

Objectives of the ABA prior authorization process are to:

- Accurately document all ABA authorization requests
- Verify that a member is eligible to receive ABA at the time of the request and on each date of service
- Assist providers in providing appropriate, timely, and cost-effective ABA
- 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
- Establish protocol for working with out-of-network ABA providers to facilitate SCA's as needed to secure appropriate treatment for members

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.