

# **Aetna Better Health® of Texas**

Provider Informational Webinar LTSS Billing Matrix



# Agenda

- Welcome & Introduction
- Provider Relations Team
- LTSS Billing Matrix
- MDCP
- Billing & Prior Authorization
- Demonstration
- Resources
- Q&A
- Adjourn



# **Provider Relations Team**

## **Provider Relations Team**

#### **Jared Balliet**

**Executive Director Network Management** 

#### **Linda Graves**

Lead Director, Network Management

#### **Amanda Vasquez**

Senior Provider Relations Manager

# Dallas & Tarrant Service Delivery Area

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# **Service Delivery Area**

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#### **Frances Perez**

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#### **Mary Ballard**

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# **Mailboxes**



EVVMailbox@Aetna.com

EVV related requests



LTSS Billing Matrix

# **Medically Dependent Children Program-(MDCP)**

# How can you identify an MDCP member?

- Aetna Better Health of Texas is identifying MDCP members when reissuing or processing a new authorization for dates of service on or after 12/1/2022.
- PDN/PPECC providers can see modifier U6 on the determination letter as an indicator for MDCP.
- For LTSS Services such as MDCP respite or MDCP CFC all authorizations spanning 12/1/2022 have been re-issued with the correct Codes and Modifiers.
- Always reference the authorizations received.



# **Billing and Prior Authorization**

# Billing:

- Providers are expected to utilize the link below for services provided on or after Dec. 1, 2022
  - https://www.hhs.texas.gov/sites/default/files/documents/star\_kids\_appendix\_iii\_billing\_matr ix\_final\_eff\_dec\_2022.xlsx
- For prior authorizations and claims regarding services provided prior to December 1, 2022, providers must use the code and modifier combinations without the NCCI-related edits (published April 2022): Link: Appendix III, LTSS Billing Matrix and Crosswalk.

# **Prior Authorizations:**

All updated authorizations have been re-issued. If you have not received an updated authorization or feel a correction is needed, please contact us. 1-844-STRKIDS



# Provider Portal and Website Demonstration

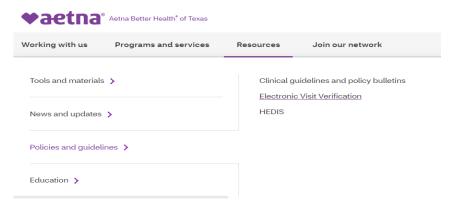
## **Provider Website**

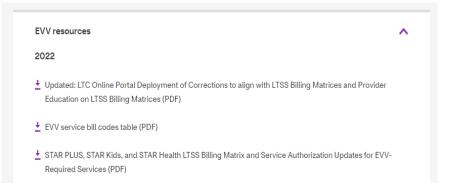
Link:

https://www.aetnabetterhealth.com/texas/providers/index.html

Go to our website for providers <a href="https://www.aetnabetterhealth.com/texas/providers/index.html">https://www.aetnabetterhealth.com/texas/providers/index.html</a>

- Click on Resources
- Click on the left under Polices and guidelines
- Click Electronic Visit Verification
- **EVV** resources
- 2022

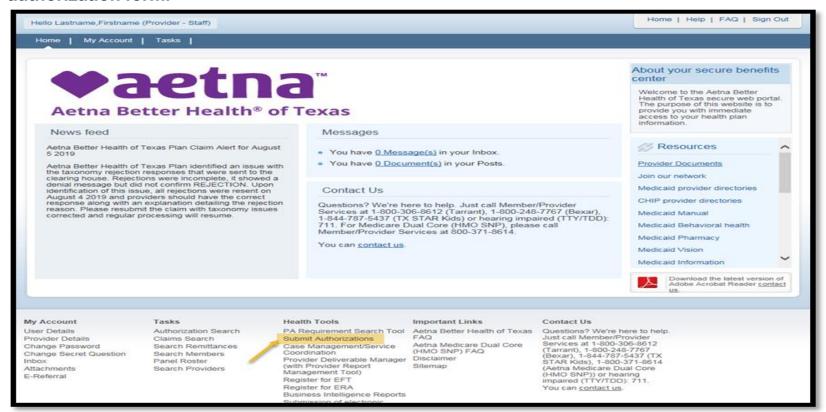






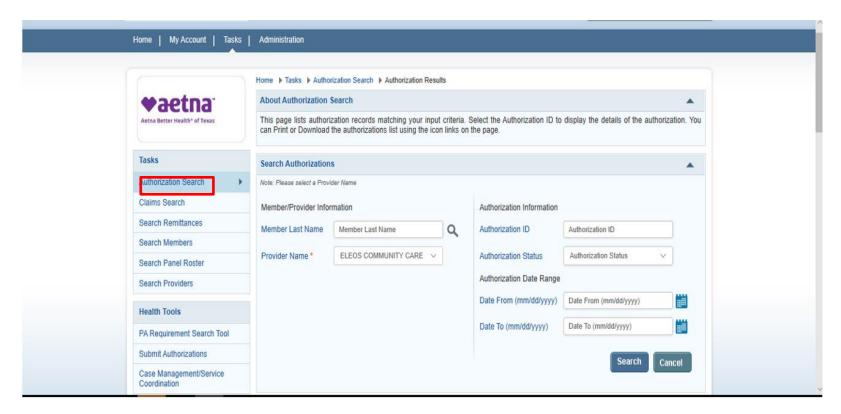
## **Electronic PA Submission Tool – landing page**

Medicaid Web Portal Home Page and highlighted link which will launch the new electronic prior authorization form.



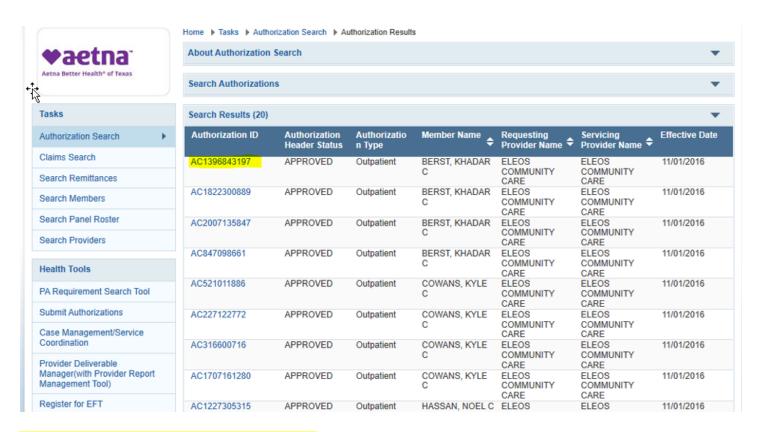


## **Authorization Search Criteria**



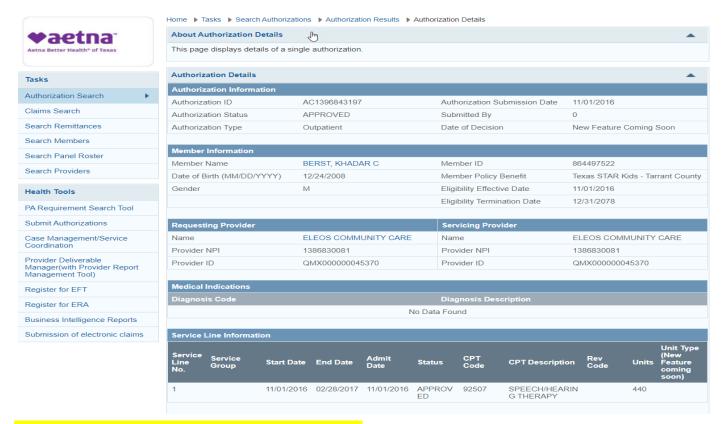


## **Authorization Search Results**



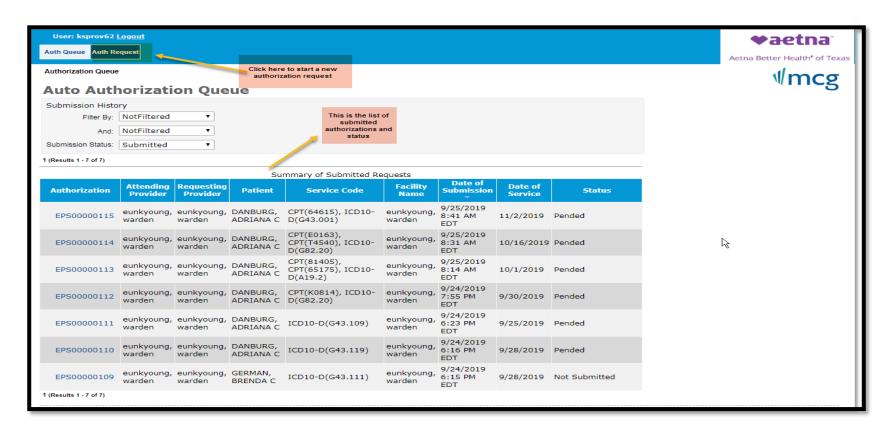


#### **Authorization Search Results**





## **Submission of Prior Authorization**



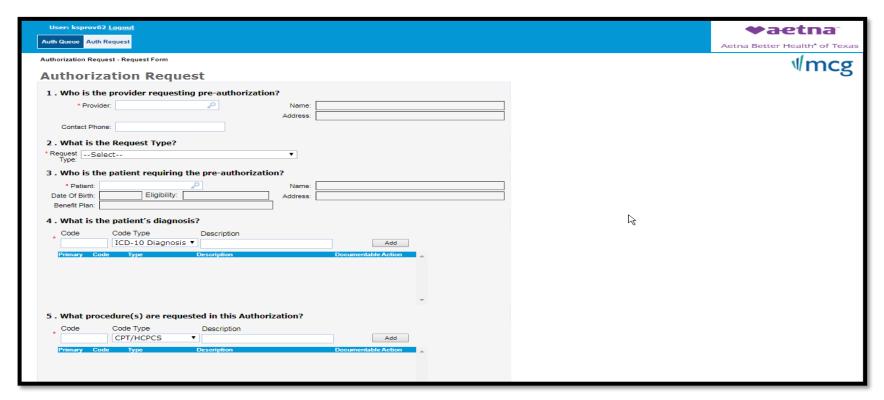




## **Submission of Prior Authorization cont'd**

After clicking on 'Auth Request', following electronic form loads to electronically capture PA request:

Questions 1 through 5





## **Submission of Prior Authorization cont'd**

Questions 6 through 9

6 . At which facility does the service need to be perform	ned?					
* Facility:	Name:					
* Date of Service: m/d/yyyy A	Address:					
* Requested Level of Care: Inpatient ▼						
Requested Length of Stay:						
Mark as Urgent:						
7 . Who is the servicing (or facility) provider for the service?						
* Provider:	Name:					
A	ddress:					
8 . Are there any other details?  10000 Characters Left for Notes  Note History						
Note	By	Date				
9 . Please provide the following additional information  *Acuity:  *Authorization Start Date:						
*Typing provider full name serves as e-signature:						
* Required Fields						
Required Fields		Cancel Next				



## **Submission of Prior Authorization cont'd**

After submitting required information and hitting next, following page loads:

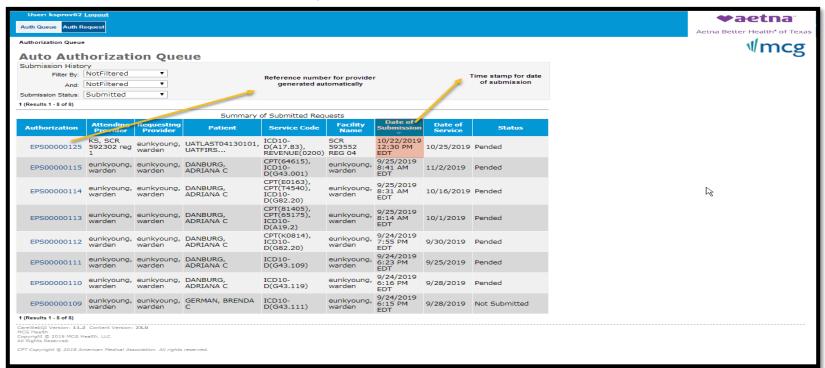


After adding the clinical documentation, entering full name, provider can click 'SUBMIT'



#### **Prior Authorization Submission Confirmation**

After clicking 'Submit', user is redirected to home page with the recently submitted authorization being shown with a reference number and time stamp of when it was submitted:



# Resources

## Resources

- New LTSS codes and modifiers (Excel) effective December 1, 2022 https://www.hhs.texas.gov/sites/default/files/documents/star kids appendix iii billing matrix final eff dec 2022.xlsx
- STAR Kids Handbook Appendix III, STAR Kids LTSS Billing Matrix and Crosswalk: https://www.hhs.texas.gov/handbooks/star-kids-handbook/appendix-iii-ltss-billing-matrix-crosswalk
- Refer to, "CBT Module 6: EVV Claims Submission," in the TMHP LMS for training on EVV claims submission and the EVV claims matching process. TMHP Electronic Visit Verification (EVV) CBT: TMHP Learning (exceedlms.com)
- Aetna Better Health of Texas Provider Website https://www.aetnabetterhealth.com/texas/providers/index.html •
- Aetna Better Health of Texas Provider Portal Aetna Better Health of Texas Provider Portal



#### **Frequently Asked** Questions(FAQ)-

#### **Aetna Better Health of Texas**

#### PROVIDER NOTIFICATION

#### **FAQ Billing Matrix Update**

Long Term Services Supports (LTSS Matrix) for STAR Kids includes Personal Care Services (PCS), Minor Home Modifications, Respite, Community First Choice, Adaptive Aids, Vehicle modifications, Camp, etc.

1. When does the new STAR Kids LTSS Billing Matrix go into effect?

The new matrix goes into effect on 12/1/2022.

2. Who do I contact with STAR Kids LTSS authorization questions?

Please reach out to the member's assigned Service Coordinator at STAR Kids: 855-243-3226.

How do I request a new authorization if a STAR Kids member's current authorization is expiring?

Please reach out to the member's assigned Service Coordinator at STAR Kids: 855-243-3226.

4. Does the STAR Kids Current Procedural Terminology (CPT) billing modifier code need to match the approved CPT codes on the authorization?

Yes, the billing modifier code needs to match the approved CPT codes on the authorization.

5. What happens if the STAR Kids member uses all their PCS hours prior to the end of the authorization?

Please reach out to the member's assigned Service Coordinator at STAR Kids: 855-243-3226

6. Can a provider submit a request for a new STAR Kids PCS/Respite authorization?

Please reach out to the member's assigned Service Coordinator at STAR Kids: 855-243-3226.

7. Will providers/agencies receive all new authorizations with the new updated CPT codes?

The provider/agency will receive a letter detailing the updated authorization modifier changes and CPT codes.

8. When does the updated CPT codes take effect?

These updates take effect on 12/1/22.

9. If the agency uses the old CPT codes after 12/1/22 will the claim be denied?

After this date, prior authorizations for services to be rendered on or after December 1, 2022, using old codes will not be accepted.



# CI/CR (Claims Inquiry/Claims Research)

SDA	Medicaid STAR	Medicaid STAR Kids	CHIP
Dallas/Tarrant	1-800-306-8612	1-844-787-5437 1-844-STRKIDS	1-800-245-5380
Bexar	1-800-248-7767		1-866-818-0959

#### **When to Contact CICR**

Contract Disputes	Pay Denial Recons	Billing and Coding
Address Changes	Check Tracers	СОВ
Data Entry	Voided Claims	Pay To Issues
Prior Auth	Project Identity	Remits
System Issues	Appeal Status	Claim Status

**NOTE**: It is imperative to receive the ticket number (which begins with a P or a Q followed by a series of letters and numbers) as well as representative's name before ending the call.





# **Questions?**



## How Did We Do?

Please fill out our survey by visiting the link below:



https://www.surveymonkey.com/r/25QZQ9T



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