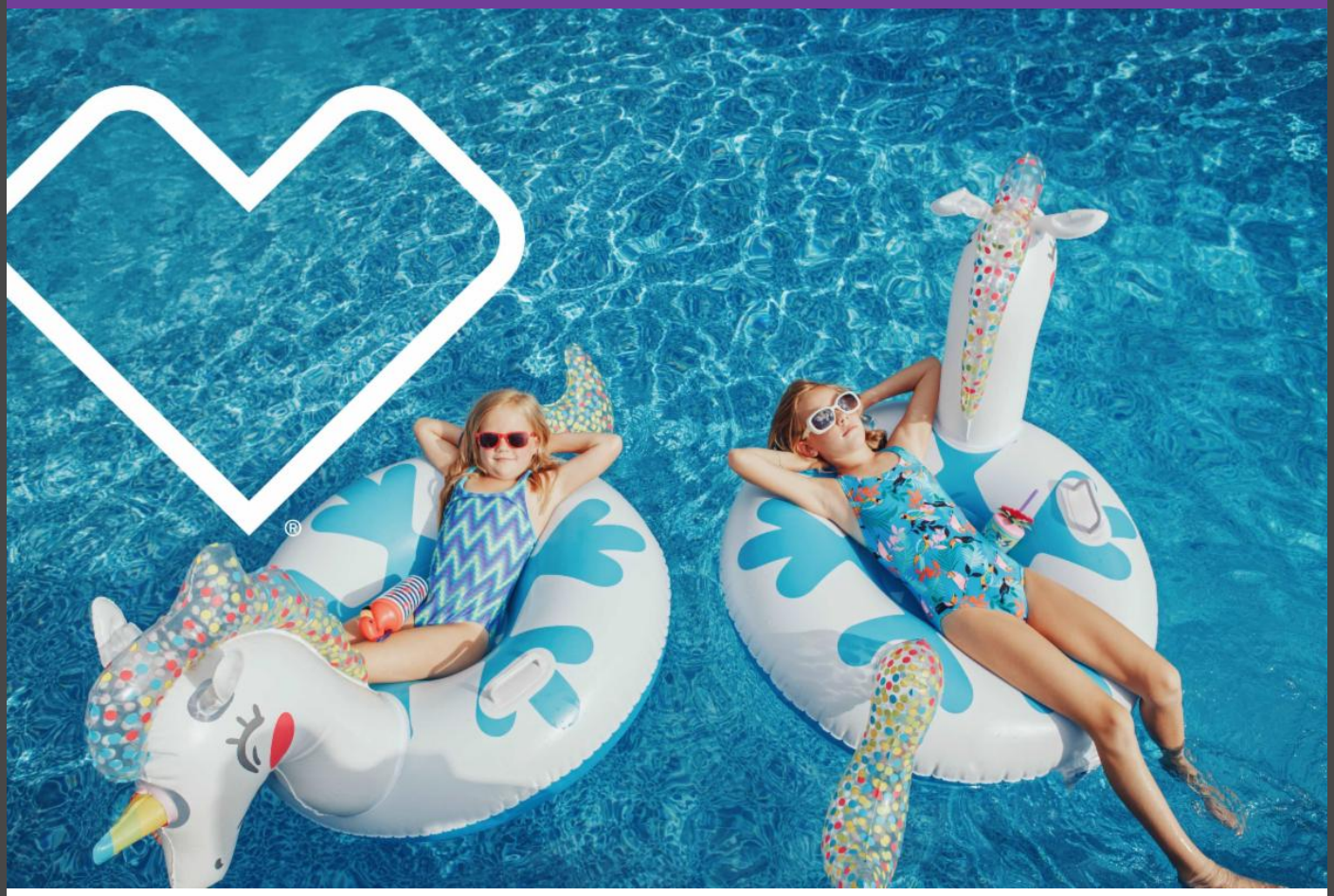
Aetna Better Health® of Kentucky

PROVIDER NEWSLETTER

2nd Quarter 2025



INSIDE THIS ISSUE

It's ALL ABOUT YOU!!!!

At ABHKY, we're committed to keeping you informed with the right information at the right time—tailored to your needs.

To help us serve you better, please take a moment to review and update the contact information for yourself and your organization by clicking the link below.

Thank you for helping us stay connected!

CLICK HERE

QUESTIONS??? We've Got Your Back

Our Network Relations
help center is always available at
1-855-300-5528 (TTY: 711).

As our Network Relations Department resumes in-field operations, we encourage you to use the contact options below to ensure timely resolution of your inquiries.

Aetna Better Health of Kentucky Online Resources

Provider Website:

- Manuals, quick links, and more
  - aetnabetterhealth.com/kentucky/providers

Availity Portal:

- Real-time enrollment, claims, eligibility, prior auths, grievances, and appeals
  - apps.availity.com

ECHO Health:

- EFT/ERA setup
  - enrollments.echohealthinc.com

Credentialing & Updates

- Email for applications, updates, terminations:
  - KyProviderUpdates@aetna.com

Contact Us Web Form

- Use for: Demographic changes, provider adds/terms, W-9s, etc.
  - Contact Us for Providers | Aetna Medicaid Kentucky

  You will receive a confirmation email + case number within 48 hours

Phone Support

- Call: 1-855-300-5528
  - Press * for Healthcare Provider
  - Choose: Claims, Appeals, Eligibility, Authorizations, or More Options
  - “More Options” includes: Fraud, Pharmacy Help Desk, Provider Services

Targeted Case Management

Effective **July 1, 2025**, **prior authorization will be required** for all individuals receiving TCM services. This requirement applies to any claim representing a **new month of service** (whether on a rolling or calendar month) **beginning on or after July 1, 2025.**

To accommodate providers that may be providing services in a rolling month, we would like to clarify that **prior authorization is required to reimburse TCM for individuals who have the first day of the service month on or after 7/1/2025.**

Typically, providers submit TCM claims with the "start" and "end" date on the claim as the same date, which represents the last day of the TCM service period. To account for rolling month billing, **if the last day of the TCM service month is 7/1- 7/30/25, prior authorization is not required.** For example, if 7/15/25 is the start and end date on the claim, a prior authorization is not required because this would indicate the last day of the TCM service month is 7/15/25.

For new recipients of TCM who are initiating TCM services with a start date on or after 7/1/25, **providers may submit prior authorization requests up to (14) calendar days prior to the intended start date and up to (14) calendar days after the intended start date of the service month.** For a recipient starting TCM on 7/3/2025 for example, the PA request could be submitted any time between 6/19/25 and 7/17/25.

Providers may request up to (3) units/months of TCM per request. You will receive a decision letter outlining the dates.

Providers may submit prior authorization requests for TCM electronically through ***Availity Portal*** or via Fax:
Outpatient Behavioral Health: 855-301-1564
Outpatient SKY Behavioral Health: 833-689-1424

TCM Billing

Note that Aetna **defines a rolling month as a minimum of (28)** days for billing purposes, meaning there must be a **minimum of (28)** days between the end date of service for Targeted Case Management (TCM) and the start date for the following month of TCM services. This means that the start date on the claim for the next month of TCM services must start on or after the 29th day from the end date of the previous claim for TCM services.

- For example, if a provider bills a TCM claim with an end date of 6/2/25, the next claim for TCM must have a start date on or after 7/1/25
- It is important for providers submitting TCM prior authorization requests to clearly identify the Start and End of the TCM service period being requested.

Documentation & Information to Include with TCM Prior Authorization Requests

In addition to the information included on the prior authorization form, the following will be required.

- Name of the Targeted Case Manager
- Name of the Targeted Case Manager Supervisor
- Type of TCM being requested (HE, UA, TG, HF)
- Recipient Diagnoses
- The date TCM was initiated.
- Copy of the most recent TCM Assessment
- Copy of the most recent TCM Care Plan (or overall care plan that has specific TCM section for TCM goals/objectives).
- Documentation supporting applicable TCM eligibility criteria. For example,
    - A copy of the assessment by a licensed behavioral health professional demonstrating a recipient is meeting diagnosis, disability, and duration criteria for targeted case management for individuals with a severe mental illness (SMI).
    - Documentation of the recipient's chronic or complex physical health diagnosis that

is signed and dated by a qualified medical professional for individuals with a mental health or substance use disorder and chronic or complex physical health issues. A copy of the assessment by a licensed behavioral health professional supporting the recipient meets criteria for the designation of Severe Emotional Disability (SED).

Please note that prior authorization requirements will resume for all other services on June 25, 2025.

Please see our previously published network notice here:
Prior Authorization Resumes for Select Behavioral Health Services

Training & Support:

To support our providers through this process, ABHKY will host provider training opportunities, during Virtual Office Hours (VOH), on the prior authorization process both before and after the June 25, 2025 effective date.

Virtual Office Hours Schedule & Registration Links:

- June 25, 2025 @ 10:00am est. - **Understanding Upcoming Prior Authorization (PA) Requirements**
- July 02, 2025 @ 10:00am est. - **Prior Authorization & Utilization Management Review** ·
  July 09, 2025 @ 10:00am est. - **Understanding Upcoming Prior Authorization (PA) Requirements**
- July 16, 2025 @ 10:00am est. - **Prior Authorization & Utilization Management Review**
- July 23, 2025 @ 10:00am est. - **Understanding Upcoming Prior Authorization (PA) Requirements**

For additional information and to review all related policies and information, please visit our website here: **https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html**

If you have any questions or need further assistance, please contact your Network Manager.

Thank you for your continued partnership and commitment to delivering high-quality care.

You can request behavioral health authorizations via the following methods:

Telephonic Request:
- 1- 855-300-5528; At the time of the call, callers will be provided a reference number and a designated call back timeframe.

Fax Request:
- Behavioral Health: 1-855-301-1564
- SKY Members only: 1-833-689-1424
- Psychological Testing: 1-844-885-0699

Availity Portal Request
- **https://apps.availity.com/web/onboarding/availity-fr-ui/#/login**

Don't Forget....

You can stay up to date on the latest provider news and helpful info.

https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html

Appeal and Grievance

REMINDERS

Where to send Claims Correspondence and requests for Appeal and Grievance.

Claim Resubmissions for Correction or Reconsideration
Resubmission of a corrected claim or resubmission of a claim with the missing documentation to meet clean claim criteria. If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

Aetna Better Health of Kentucky
Attn: Corrected Claims
PO Box 982969
El Paso, TX 79998-2969

Claim resubmissions for correction or reconsideration should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances
Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit appeals through the Availity provider portal using the direct application:

https://apps.availity.com/availity/web/public.elegant.login

or you may submit by fax to: **855-454-5585.**

If you prefer to mail hard copy requests for appeal, complaint or grievance, they must be sent to

Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road

Cleveland, OH 44181

For all requests **only submit the medical records relevant to your request and indicate which pages support your request.** If you are submitting multiple claims by hard copy or fax in one submission you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc.) for each claim.

Please remember to include accurate contact information with your request. Additional information may be needed to process your appeal or grievance and we may need to contact you to gather this information in a timely manner.

All requests for appeal must be submitted through the Availity portal or through the above address to maintain the original received date.

ADDITIONAL A&G REMINDERS:

- Providers must submit an appeal or grievance request (Appeal and Grievance forms are available for use) for each member and clearly state the request
- Providers must include each claim number needing attention for each member
- If medical records are needed, providers must attach them to the request
- Providers must send individual requests for each member
- Providers or 3rd parties must include a contact person, their phone number, and an address to send the decision letter to if it is different from the provider's address.

PRIOR AUTHORIZATION CONTACT INFORMATION

Medical
Phone: 1-888-725-4969
Fax: 1-855-454-5579

Behavioral Health
Phone: 1-855-300-5528
Fax: 1-855-301-1564

Pharmacy: MedImpact
Phone: 1-844-336-2676
Fax: 1-858-357-2412

Concurrent Review Inpatient Medical Requests -
Fax: 1-855-454-5043
Phone: 888-470-0550
Submission also available through Availity

SKY **Medical**: 1-833-689-1422
SKY **Concurrent Review**:1-833-689-1423
SKY **Behavioral Health**:1-833-689-1424

Psychological Testing: 1-844-885-0699

Retro Review
Phone: 1-888-470-0550, Opt. 8
Fax: 1-855-336-6054

Vision/Dental (Avesis)
1-855-214-6777

Radiology/Pain Management (eviCore)
1-888-693-3211

*If you have a **retrospective review request** where the services have already been rendered, Please send these your request to:*

Kentucky Medical Retrospective review @ 855-336-6054

CPT® II Codes Incentive Program

Aetna Better Health® of Kentucky offers reimbursement for the utilization of Current Procedural Terminology (CPT®) Category II codes related to Pre- and Postnatal Care (PPC), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) and Comprehensive Diabetes Care (CDC).

Providers can earn an additional $25 by adding specific CPT® II codes to claims. This incentive program began on April 1, 2025, and will run through December 31, 2025.

What are CPT® II Codes?

CPT® II codes are supplemental tracking codes that can be used for performance measurement to help track the delivery of quality care. The codes also simplify how performance measures are reported and eliminate the need for chart abstraction. Providers can use these codes to report specific services that contribute to positive outcomes and high-quality care. For more information see additional details below.

Benefits

Using proper CPT® II Codes can help streamline administrative processes and close gaps in care like poorly controlled blood pressure.

The CPT® II Codes were developed by the American Medical Association (AMA) and improve the quality of care through Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures. Aetna Better Health is pleased to offer this CPT® II Code incentive program to lessen the burden on our healthcare providers while closing gaps in care. “Health Happens Together!”

Your partner in providing quality healthcare,

Nicole R. Flora MD, *Chief Medical Officer Aetna Better Health Kentucky*

Susan Vickers CPHQ, *Quality Director, Aetna Better Health of Kentucky*

Eligible CPT® II Codes for the Incentive Program HEDIS® Measures

Comprehensive Diabetes Care (CDC)

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing (one CPT 2 per one member)
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy

Description	CPT® II Codes	Incentive
No evidence of diabetic retinopathy	2023F (New) 2025F (New) 3072F (No evidence of retinopathy in the prior year exam)	$25
Evidence of diabetic retinopathy	2022F (Revised) 2024F (Revised)	$25
HbA1c Level	3044F 3046F	$25

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Description	CPT® II Codes	Incentive
Stand Alone Prenatal Visits	0500F, 0501F, 0502F	$25
Postpartum Visits	0503F	$25

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and received blood glucose and cholesterol testing.
Description
CPT® II Codes

Description	CPT® II Codes	Incentive
HbA1c Level	3044F <7/0% 3046F ≥ 9.0% 3051F ≥7.0% and <8.0% 3052F ≥8.0% and ≤9.0%	$25
LDL-C	3048F (,100 mg/dL) 3049F 100-129 mg/dL 3050F ≤130 mg/dL	$25

As always, do not hesitate to contact your Aetna Better Health Provider Relations Representative with any questions or comments.

What is EPSDT

The Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for **individuals younger than 21**. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program.

The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Preventive screening
- Diagnosis and treatment

- Transportation and scheduling
- assistance
- Follow-up care with specialists
- Immunizations

Screening must include:

- Comprehensive health history
- Comprehensive un-clothed
- physical exam
- Mental developmental history
- Physical developmental history
- Health education, including
- anticipatory guidance
- Appropriate immunizations
- Lead toxicity screening
- Laboratory tests
- Dental services
- Hearing services
- Vision services

EPSDT Billing/Reporting

EPSDT screening services must be reported with the age-appropriate evaluation and preventative medicine CPT Codes (99381-99385 and 99391-99395) along with the EP modifier. An appropriate procedure code must be submitted on the CMS 1500 form.

Please contact your Network Relations Manager to determine if there are any exceptions for EPSDT special services. The primary diagnosis should be submitted as the first diagnosis in field 21 of the CMS claim form. Additionally, this same primary diagnosis must be reflected on the appropriate line-item diagnosis item (field 24 E). The appropriate services associated with the EPSDT screening must be rendered and the codes for these services included in the claim with an EP modifier accompanying each code. EPSDT claims must be billed on a CMS 1500 form.

Please refer to the billing instructions at**www.chfs.ky.gov**. Aetna Better Health will provide coverage for an office visit performed at the same time as the EPSDT screening if the child was seen for a reason other than the EPSDT screening (i.e., sick child visit). Additionally, Aetna Better Health will provide coverage for an EPSDT screening performed during a prenatal visit for member 20 and under.

Modifier – EP (EPSDT Services)

Modifier EP is available for use with evaluation/ management codes when the member is under age 21 on the date of service. Using the EP modifier is required for EPSDT services provided to a member.

Modifier SL must be used when billing Vaccines for Children (CFC) immunizations. Refer to Section 2, I., for more information on billing VFC services.

Modifier 26 is no longer used.

Bringing Support

Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery.

For questions about how to access Aetna CHW services email us at **PHM_ABHKY@aetna.com**.

Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations
- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.

- **Mayo Clinic | Care that fits**
- **Statin Choice | Mayo Clinic**
- **Depression Medication Choice | Mayo Clinic**
- **Cardiovascular Primary Prevention Choice | Mayo Clinic**
- **My Life My Healthcare Toolkit and Conversation Guide**

SKY

High Fidelity WrapAround and Peer Support Specialists

High Fidelity WrapAround is a Family-driven, team-based process for planning and implementing services and supports. It is designed to help youth and families get their current needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage a crisis after wraparound.

Peer Support Specialists bring their shared lived experience in order to assist parents and caregivers to increase their education about services, navigational skills and advocacy skills. They help empower families to become active participants in their child's services.

For more information on these programs, reach out to:
Sarah Thames High Fidelity WrapAround Program Manager
Elizabeth Combs Peer Support Specialists Program Manager

This is how we "ROLE"

Trainings to support our Providers

SKY
Supporting Kentucky Youth

The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, **marrsm@aetna.com** for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html

Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST

New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST

Visit our News and Events page for registrations and links to Join.

News and Events

“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”
— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About SKY

CONNECT WITH US
AND JOIN THE CONVERSATION

Don’t Forget

Send any Provider Directory Updates to
kyproviderupdates@aetna.com

· NEW OFFICE ADDRESS
· NEW OFFICE PHONE NUMBER
· CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.