



Provider Education Bulletin

Fall 2024 edition, day 1 of 2

Supporting you — our trusted providers — and your Aetna® patients on their path to better health is always our top priority. And our quarterly provider education bulletin helps make working with us simpler. We send useful information, tools, tips and resources straight to your inbox. So, you can spend more time focusing on your patients' health.

We're making cultural competency and health equity a priority

Understanding the importance of cultural competency and health equity in health care can help improve your patients' overall health care experience and drive positive health outcomes. So, we've updated our cultural competency training video and included information about how you can access free online educational resources to help improve your communication and service-delivery strategies.

You can watch the video on [Aetna.com](#).

As always, we continually welcome your feedback. Just send us your questions, comments and ideas for future articles to

NewProviderTraining@Aetna.com.

Thank you for being a part of our network.

Today's news

We're answering some of the questions that you've told us are top-of-mind for you about Applied Behavior Analysis (ABA) benefits and precertification.

Tomorrow's news

We're highlighting how using benefit/service type codes can help you better understand your patients' benefits and coverage. And we're also reminding you about our supervisory billing standards.

ABA: Understanding coverage and precertification requirements

You told us you have questions. We have answers.

Applied Behavior Analysis (ABA) is one type of treatment intervention for the diagnosis of autism spectrum disorder (ASD). Our goal is to accurately quote benefits, authorize precertification requests and pay claims for ABA services in accordance with the member's plan. Here, we address questions that many of you have told us are top-of-mind for you.

What's allowed (covered)/not allowed (not covered)?

To better understand our coverage criteria, please refer to our [Applied Behavior Analysis](#) and [Autism Spectrum Disorders](#) clinical policy bulletins. You can also review our [Applied Behavior Analysis Medical Necessity Guide \(PDF\)](#).

Which specific provider types can bill for ABA services?

For practitioners treating autism spectrum disorders using ABA, either national certification is needed from the Behavior Analyst Certification Board (BACB), or the practitioner must be licensed as a behavior analyst in the state in which they practice. In addition, you must meet the current Aetna® credentialing and recertification standards.

Use the [commercial provider referral directory](#) or [Medicare provider referral directory](#) to locate an in-network ABA provider in your area or to check your current ABA provider status. Once you enter the location and select a plan, enter "applied behavior analysis" in the search field. Refer to the Specialties section to confirm the provider's specialty type.

How can I verify what benefits my patient has for ABA?

To determine specific ABA benefits for your patient, please contact the Provider Contact Center by dialing the number on the back of your patient's ID card. Our self-service tools will not return a benefit response specifically for ABA services.

Is precertification required?

ABA services — 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T and 0373T — require [precertification](#). To help streamline the review process, we recommend that you follow these simple steps:

- Complete the appropriate [behavioral health precertification form](#).
- Submit your precertification request (initial and ongoing) via our [provider portal on Availity](#).*
- Attach the applicable form and the required clinical records during the attachment submission step.

Note: Availity® is our preferred submission method. You can also submit ABA-related precertification requests using our secure email at BACABACases@Aetna.com or faxing to **1-860-607-7406**. We won't process non-ABA-related requests that come to us via these two alternative methods.

You can check authorization requirements for other codes by starting an Authorization Add request on Availity as you normally would. Add provider and patient information, diagnosis and procedure codes, place and date of service, and quantity. In step 3 of the request process, we'll check whether the requested service(s) requires authorization.

You can also check authorization requirements through the Aetna Virtual Assistant. Just call any Provider Services telephone number you already use. Say "precert," then "check if precertification is required" when asked. The virtual assistant will ask you:

- For the patient's ID number and date of birth
- Whether the service will be performed in an outpatient setting
- For the National Provider Identifiers (NPIs) of the servicing provider and facility (if applicable)
- For the expected date of service (if known)
- For the procedure and diagnosis codes (if known)

Because you're inquiring about services for a specific patient, our virtual assistant will tell you whether precertification is required according to that patient's plan.

For answers to additional questions regarding ABA services and workflows, please connect with us on [Aetna.com](#). To learn more about submitting precertification requests on Availity, we invite you to join our [Authorizations on Availity](#) webinar.

We're here for you.

Learn how to do business with us simpler and quicker.

Just attend our **Doing Business with Aetna** webinar on the [second Tuesday](#) or [third Wednesday](#) of each month from 1:00 PM to 2:15 PM ET. Ask questions and get answers on the spot.

We'll show you how to:

- Locate provider manuals, clinical policy bulletins and payment policies
- Access online transactions such as those related to eligibility, benefits, precertification, and claim status/disputes
- Register for live instruction webinars
- Access our online forms
- Navigate to our provider referral directory and Medicare directory
- Update your provider data, and much more

*Availity® is available only to providers in the U.S. and its territories.

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3827452-01-01



Provider Education Bulletin

Fall 2024 edition, day 2 of 2

This is day two of our provider education fall series. Today's edition focuses on how benefit service type codes can be used to better understand your patients' benefits and coverage. We've also received multiple inquiries about our supervisory billing standards, so we're providing this information again for those who might need it.

We're committed to bringing useful information straight to your inbox. The goal is to help you — our trusted health care providers and staff — stay in the know about processes, guidelines and workflows to better serve our members and get paid faster.

You and your team can stay informed by joining our OfficeLink Updates™ (OLU) provider newsletter distribution list. Simply complete our [online form](#). You'll receive the monthly and quarterly editions of OLU, the provider education bulletin and other educational content directly in your inbox.

As always, if you have any specific topics that you would like us to consider for future articles, just send your suggestions and ideas to NewProviderTraining@Aetna.com.

Today's news

Using benefit/service type codes during an eligibility and benefits (E&B) inquiry can help you better understand your patients' benefits and coverage.

Benefit/service type codes help clarify patient benefits and coverage

Eligibility and benefits (E&B) inquiries are among the most frequently used self-service transactions for providers and their staff. We also understand that creating simplicity in our processes helps you complete your day-to-day administrative tasks faster so you can focus on patient care. To help you save time and maximize our self-service tools, we want to remind you about the benefit/service type code (STC) feature on our [provider portal on Availity](#).*

When submitting an E&B inquiry on Availity®, you have the option of adding up to 10 STCs to help you better understand your patient's plan coverage. Once you've selected the appropriate STC, you'll receive a breakdown of the member's specific benefits in the real-time eligibility response. Be sure to select "expand" within the response to view additional benefit details.

To assist you with completing the E&B transaction, we've uploaded "A quick guide to service type codes for eligibility transaction" in the Aetna Payer Space (under the Resources tab) on Availity for your review. Please note that STCs and descriptions that return a "See STC 30" response will not return specific benefit details. You'll need to call the Provider Contact Center using the telephone number provided on the back of the member's ID card for more information about those codes.

Understanding our behavioral health supervisory billing standards can help you avoid claim denials

Aetna® recognizes that high consumer demand for behavioral health services affects its behavioral health network. As part of our effort to support our providers and improve member access to care, Aetna allows supervisory billing for behavioral health care provided by qualified license-eligible behavioral health clinicians.

Note that we will allow supervisory billing only for in-network behavioral health clinicians, supervisors, groups and facilities. The clinical supervisor must be employed by the same group or facility as the license-eligible clinician but does not have to practice at the same service location as the licensee to qualify for supervisory billing. Virtual supervision is also allowed.

What is a qualified license-eligible clinician?

Qualified license-eligible clinicians:

- Have completed all educational requirements for their target license type
- Are actively completing their clinical practice hours required for independent licensure
- Are actively receiving clinical supervision from a qualified supervisor at a frequency and duration commensurate with their caseload

Example: A clinician graduates with a master's degree in counseling psychology. She has completed all required educational credit hours to sit for her state licensure exam as a Licensed Independent Social Worker (LICSW). She is required to work a minimum number of clinical hours and receive regular clinical supervision prior to taking the exam. She is eligible for supervisory billing if she receives regular supervision from a qualified clinical supervisor.

What is a qualified clinical supervisor?

Qualified clinical supervisors are independently licensed behavioral health providers actively credentialed and contracted with Aetna individually and/or under a contracted behavioral health group or facility.

Example: A supervisor at a Community Mental Health Center (CMHC) provides regular clinical supervision for master's level, license-eligible employees.

How to manage claims

Providers may submit claims for services delivered by license-eligible clinicians by listing the licensed supervisor as the rendering clinician. The services rendered must be covered under the member's benefits plan and an individual, group or facility contract with Aetna.

Prior authorization is not required for routine outpatient services such as psychotherapy and medication management.

Questions?

If you have questions, please call the Provider Contact Center at [1-888-MD AETNA \(1-888-632-3862\)](tel:1-888-MD-AETNA) (TTY: 711).

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