Aetna MA BHCA Provider Training Questions & Answers

Q: How do we check member eligibility?
A: Please use **Availity** to check if the member has eligibility.

Q: Is your customer service line open 24 hours per day to verify member eligibility?
A: Use of the automated system is available 24 hours per day. **Availity** is also available. Speaking to an agent is not be available 24 hours per day.

Q: Is provider services open 24 hours a day?
A: No. Provider services has phone lines open from 8 AM to 8 PM EST.

Q: Have your staff been trained in establishing whether a member is eligible for BHCA?
A: Yes.

Q: Where can providers obtain the reimbursement rate information for the BHCA services? Is there a link you can provide that is online?
A: Reimbursement rates may vary based on contracted rates. If you are interested in finding out what your contracted rates are for 10 codes or less, you can call the provider contact center. If you would like contracted rates for 11 or more codes, please follow this workflow:

- Please place codes on an Excel spreadsheet and email the info to **fee schedule**.
- Include on the Excel sheet:
  - Contact phone number
  - Current Procedure Terminology (CPT) code
  - Modifiers
  - Tax identification number (TIN)
- The provider gets requests within 30 business days.

Q: Do clinicians need to be credentialed or added to rosters?
A: You can speak to a credentialing representative by choosing that option: **1-888-632-3862**.

Q: Does H2019 cover non-face-to-face contact, such as phone calls? For H2019 – can we bill for activities that do not include face to face visits with the clients, as we do with Medicaid products? Example – phone calls with client, guardians, collateral contacts, team meetings, documentation.
A: The service must include both face-to-face and telephonic meetings, as indicated as clinically appropriate.

Q: Code H0023 for ICC states no unit - Is that a day rate or a monthly rate?
A: Day rate. The training deck has been updated.

Q: With the codes, what are the max. units for each of the codes?
A: Please review our payment policies on **Availity** as well any **Clinical Policy Bulletins** on **Aetna.com**.

Q: Is there a link that spells out the performance specs for each service?
A: Each service is outlined in the training deck that will be posted online.

Q: Clinician license level: what are the requirements for clinicians?
A: Please contact the provider contact center and choose the option for credentialing to speak to a representative.

Q: Are we able to obtain authorization for CBAT/ ICBAT 24/7? If not, what should we do after hours?
A: Please use the online services at **Availity** to obtain authorizations after hours.

Q: Do you have service specs/any guidelines around required documentation?
A: Documentation requirements are available in the **Clinical Policy Bulletins** on **Aetna.com** or **Availity**. You can also speak to a precertification representative by calling the contact center.

Q: Can IHTs bill for collateral contact/case management, or do we need to bill a separate ICC rate for that? Many of our IHT Clinicians have to do a significant amount of case coordination on our cases.
A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

Our payment polices are available on our online tools. To review payment policies, sign in to **Availity** and then follow these steps:
> Aetna Payor Space > Payment Policies

Q: Can IHT Clinicians and TT&S workers bill separately? Such as when they have separate contact with the client?
A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

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> Aetna Payor Space > Payment Policies

Q: How do we obtain a prior auth for ICC & IHT? How many days and units will be a prior and concurrent auth?
A: Prior authorization is not required. Claims should be submitted after services have been rendered.

Q: Are we able to bill for family partners/ crisis support workers working with clinicians on the intervention? Is follow up reimbursed for referrals, contact with providers, etc.?

A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

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Q: Can we bill H2011 (MCI) for both a Master's and bachelor's level, just as Medicaid products?

A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

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> Aetna Payor Space > Payment Policies

Q: What do you mean by "credentialled"? Most IHT people are not licensed and operate under Supervisors. Will this work for IHT/IHBS?

A: You can speak to a credentialing representative by choosing that option: **1-888-632-3862**.

Q: Do ICCs needs to be credentialed (please explain) as well and what are the specifics, we have BA level ICCs as well. Is it just for assessment or for ongoing care coordination as well?

A: You can speak to a credentialing representative by choosing that choosing that option: **1-888-632-3862**.

Q: Do you require Licensed staff for IHT and ICC?

A: Please contact the provider contact center and choose the option for credentialing to speak to a representative.

Q: What type of visit will apply a copay for ICC? Will it be daily since we operate per diem?

A: This would be dependent on the member's benefit plan. We would not be able to give a general response as it will be determined by the member's benefits for the service.

Q: Will you be allowing single case agreements if a provider is not contracted with Aetna?

A; Please contact our precertification department.

Q: Can you explain the difference between the three codes for IHT and when to use each?

A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

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Q: If MCI is determining a CBAT disposition and having the youth board in the community, will we seek to open prior authorization at the time of evaluation and provide daily updates until placement, or only on the day of admission?

A: Please contact our precertification department.

Q: Do you have a way to verify member eligibility for BHCA services on your web portal?

A: Yes. You can view the members benefits on **Availity**, through the AVA, and from our call center.

Q: For H2011 – can we bill for follow-up activities within the 7 days after an eval (like for the Medicaid covered MCI service)?

A: If you have questions regarding billing, please review our **Clinical Policy Bulletins**.

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