

1) What insurance company(ies) are reflected in this response?

Aetna Health Insurance Company

2) For Applied Behavior Analysis services/treatment, does the company have specific procedure codes that it would like to be used for billing purposes? Please indicate if any of these codes are limited in time and thus require units of treatment to be specified.

Aetna is HIPAA compliant and recognizes all valid Current Procedural Terminology (CPT) codes published by the American Medical Society and the Healthcare Common Procedures Coding System (HCPCS) codes published by the Centers for Medicare and Medicaid Services (CMS).

3) Of the treatments identified in the law, will the company require precertifications or preauthorizations for any treatments or services (check all that apply):

- a. Psychiatric care;
- b. Psychological care;
- c. Habilitative or rehabilitative care, including applied behavior analysis therapy;
- d. Therapeutic care;
- e. Pharmacy care;
- f. Other – Specify: \_\_\_\_\_

Behavioral health services requiring precertification apply to services covered under the member's plan. Effective April 1, 2010, Aetna requires precertification for applied behavior analysis therapy. For a full listing of behavioral health services that require precertification, please refer to the link below.

[http://www.aetna.com/healthcare-professionals/assets/documents/bh\\_precert\\_list.pdf](http://www.aetna.com/healthcare-professionals/assets/documents/bh_precert_list.pdf)

4) What telephone numbers should providers use to contact the company for precertifications or preauthorizations, if required, for the following treatments or services (please complete for all that are applicable):

- a. Psychiatric care;
- b. Psychological care;
- c. Habilitative or rehabilitative care, including applied behavior analysis therapy;
- d. Therapeutic care;
- e. Pharmacy care;
- f. Other – Specify: \_\_\_\_\_

To obtain precertification for behavioral services, providers should refer to the member's ID card for the toll-free Member Services or Aetna Behavioral Health phone number.

- 5) What should a provider do if the patient has already been diagnosed as being in the autism spectrum and is currently undergoing treatments that are now covered under this law?

Providers should continue with treatment for routine behavioral health services that do not require precertification, however for applied behavior analysis, to obtain precertification, refer to the member's ID card for the toll-free Member Services or Aetna Behavioral Health phone number.

- 6) Does the company have a specific form that must be used or required elements that must be included when submitting a treatment plan? If so, please attach a sheet detailing such information or provide an internet address where such information can be located.

Aetna does not have a specific form or required elements that must be included when submitting a treatment plan. Please see the link below for the criteria which details the elements requested when evaluating treatment for medical necessity:

[http://www.aetna.com/healthcare-professionals/policies-guidelines/determining\\_coverage.html](http://www.aetna.com/healthcare-professionals/policies-guidelines/determining_coverage.html)

- 7) How should a claim with multiple diagnoses (including autism) and services be coded to ensure payment under this mandate?

All diagnoses submitted on a claim are reviewed to determine eligibility for payment. Claims for autism spectrum disorder should be submitted with the appropriate diagnosis codes:

- 8) What are the company's credentialing requirements? Is the company waiving any credentialing requirements for Autism Service Providers or ABA providers?

Providers have the ability to log onto Aetna.com and select Health Care Professionals. There is a host of information related to credentialing as well as an on-line application process that providers can access. This process evaluates their qualifications. Aetna collects and verifies a practitioner's professional qualifications, including: relevant training, licensure, certification, registration to practice in a health care field, academic background, an assessment of whether the practitioner meets certain criteria relating to professional competence and conduct. Aetna uses the Council for Affordable Quality Healthcare (CAQH) Universal Provider Data Source for our credentialing needs for all provider types. Aetna waives credentialing requirements for autism service providers who require supervision.

- 9) Where can a provider go or call to get more information about contracting with the insurance company?

The providers can call Aetna's customer service representatives who are trained to handle these inquiries. Aetna's training materials provide our customer service representatives with the information that they need to respond to requests pertaining to the following: how to enroll in the network, application and credentialing mailing addresses, status of an application or credentialing or recredentialing questions. Providers can call 1-888-MDAetna (1-888-632-3862). Providers can also email questions related to contracting to: [AetnaBH-AppliedBehaviorAnalyst@AETNA.com](mailto:AetnaBH-AppliedBehaviorAnalyst@AETNA.com).

10) Is there any other information the company would like to share?

Aetna is accumulating services toward the annual \$ maximums as required by state mandates.