AETNA

1. Please identify the insurance company(ies) reflected in this response?
   a. Aetna

2. How does your insurance company provide the required Autism benefits mandated under Mississippi Law?
   a. Aetna:
      i. Psychiatric care: Aetna collects information prior to inpatient admissions and select ambulatory procedures on the Behavior Health Precertification List. A review for medical necessity is performed by the clinical staff. In urgent situations, the review is completed after the member is clinically stabilized.
      ii. Psychological care: Aetna collects information prior to inpatient admissions and select ambulatory procedures on the Behavior Health Precertification List. A review for medical necessity is performed by the clinical staff. In urgent situations, the review is completed after the member is clinically stabilized.
      iii. Behavioral health treatment, including applied behavior analysis therapy: Aetna collects clinical information regarding ABA procedures and reviews for medical necessity.
      iv. Therapeutic care: Licensed speech-language pathologists, occupational therapists, and physical therapists are covered services when certain criteria are met. These services are covered under the medical benefit and managed through claims review.
      v. Pharmacy care: Pharmacy coverage for treatments for autism and autism spectrum disorders are incorporated in the formulary. For each pharmaceutical identified as requiring medical exception, precertification, or step therapy, Aetna Pharmacy Management develops a Pharmacy Clinical Policy Bulletins based on the clinical information gathered during the formulary development process. This is the same process used for all medications on the plan formulary.

3. When it comes to Applied Behavior Analysis services or treatment, does the company have specific procedure codes for billing purposes?
   a. Aetna: Aetna utilizes Category 3 T-codes released by the AMA.
      i. 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T

4. Will the company require precertifications or preauthorizations for any treatments or services?
   a. Aetna:
      i. Psychiatric care: Precertifications or preauthorizations are required for the following services: inpatient, residential treatment, partial hospitalization, intensive outpatient services, testing (both psychological and neuro – psychological), and applied behavior analysis (ABA).
ii. Psychological care: Precertifications or preauthorizations are required for the following services: inpatient, residential treatment, partial hospitalization, intensive outpatient services, testing (both psychological and neuro–psychological), and applied behavior analysis (ABA).

iii. Behavioral health treatment, including applied behavior analysis therapy: Precertification is required for requests to determine if applied behavior analysis is appropriate as well as the treatment for applied behavior analysis.

iv. Therapeutic care: Precertifications or preauthorizations are not required for therapeutic care.

v. Pharmacy care: Pharmacy coverage for treatments for autism and autism spectrum disorders will be incorporated in the formulary coverage. For each pharmaceutical identified as requiring medical exception, precertification, or step therapy, Aetna Pharmacy Management develops a Pharmacy Clinical Policy Bulletins based on the clinical information gathered during the formulary development process. Note this is the same process used for all medications on the plan formulary.

5. What would be a good contact number that providers can use to contact the company for precertifications or preauthorizations?
   a. Aetna: The Member’s Identification card includes the toll-free telephone numbers for Member Services for services described in a – d. For Pharmacy Care, the phone numbers for Specialty Pharmacy is 1-866-503-0857, and the number for Non-Specialty Pharmacy is 1-855-240-0535.

6. 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?
   a. Aetna: The provider should submit an authorization request for services at which time Aetna Medical Necessity Criteria will be applied.

7. Does the company have a specific form that must be used or required elements that must be included when submitting a treatment plan?
   a. Aetna: Aetna has a specific form that must be used when submitting a treatment plan. The document is on the Aetna website at the following link: http://www.aetna.com/pharmacy-insurance/healthcare-professional/documents/outpatient-behavioral-health-BH-ABA-assessment-precert.pdf

8. How should a claim with multiple diagnoses (including autism) and services be coded to ensure payment?
   a. Aetna: The procedure code would be associated with the corresponding diagnosis based on how the provider bills the services using the diagnosis pointer field on the claim form.
9. Where can a provider receive more information about contracting with the insurance company?
   a. Aetna: Facilities/providers can initiate the request to begin the credentialing/contracting process by calling Aetna’s Provider Service Centers or by going to www.aetna.com and following the link under Health Care Professionals. Providers can go directly to join the network link to initiate the individual cred process. For Facilities/orgs there is a section titled “Hospitals and other Facilities” and once the link is selected there is a form titled “Facility intent to Credential form”. The organization can populate and fax back for consideration.

10. Please provide a list of Mississippi-licensed ABA therapy providers that are currently part of your network.
   a. Aetna:
      i. Orman, Amber L.- MS - West Point, MS - 662-295-6015
      ii. Meteer, Cathy – MA - Southaven, MS - 662-510-6507
      iii. Surdock, Amanda S. – PHD - Southaven, MS - 662-510-6507
      iv. Williamson, Sheila M. - PHD - Southaven, MS - 662-510-6507