

AETNA BETTER HEALTH® OF KENTUCKY

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To: All Network Providers

Fax: <<location fax>>

- In the News:**
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1. New Policy Updates – Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

POLICY – Effective for dates of service beginning January 31, 2017:
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<p>Scope of Services Billed by Certain Specialties-Chiropractic Scope of Services-Within certain physician specialties, there is a set of services that may be rendered by that specialty. Other services would be considered to be outside of the scope of services for that specialty. An example is chiropractic providers. A chiropractor is a health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation. Chiropractors would be expected to perform and report services which would aid in diagnosing and treating such issues. Chiropractors would be expected to report only those services for which they are trained. Beginning 01/31/2017, Aetna Better Health of Kentucky will reimburse Chiropractors only those codes on the Kentucky Medicaid Chiropractor Fee schedule.</p>

2. Aetna Better Health of Kentucky Medicaid Web Portal Updates

The following enhancements were made to the Medicaid Web Portal (MWP):

- Enable Multiple Attachments in Secure Message - Prior to this release, a Provider, Member or Plan Staff user could only send a single attachment per secure message. With this update, up to 5 attachments can be submitted/received in a single secure message.
- Sort Secure Messages by Date Received
- Enable “Add Associated Provider” function to Web Portal Master Support and Provider Relations Admin roles
- Spanish for Member Portal is Upcoming
- Remove Terminated PCP Selections from Panel Roster - Prior to this release, when a registered provider or Plan staff ran a Panel Roster from MWP, the resulting report included PCP selections that had previously terminated. With this updates, only active PCP selections will result in members appearing on a specific provider’s Panel Roster.

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- Exclude PCP Selections from Void Enrollments - Prior to this release, the MWP view of voided enrollments which had previously contained a PCP selection continued to display that selection.
- Member View Spanish Translation for All Plans (except NE and WV)

3. ATTENTION: Holiday check runs

During the week of December 21, 2016 (Christmas week), Aetna Better Health of Kentucky will be processing a **final 2016 check run** on Friday December 23, 2016 which will have a paid date of Tuesday December 27, 2016. There will be no check run on Wednesday December 28, 2016 as Aetna Better Health will be processing 1099's.

Aetna Better Health will be processing a check run on December 30, 2016 which will have a paid date of January 3, 2017. We will be resuming our normal Wednesday and Friday check runs this week as well.

4. Hospitals must use bill type 131 for outpatient surgery

Please be advised that bill type 831 is not an acceptable bill type for outpatient surgery billing in place of service 22. You must bill with bill type 131.

If you bill with bill type 831, it will be denied and you will be asked to resubmit a corrected bill.

5. Clinical practice guidelines:

Aetna Better Health of Kentucky, through Aetna Better Health adopts evidence-based clinical practice guidelines (CPGs) from nationally-recognized sources. CPGs are tools that help practitioners make decisions about appropriate health care for specific clinical circumstances. The Aetna National Guideline Committee reviews CPG every two years or more frequently if national guidelines change within the two-year period.

The CPGs are provided for informational purposes only and are not intended to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgment regarding the appropriate treatment of a patient in any given case. CPGs that have been formally adopted can be accessed through the following links:

Asthma – Aetna Adopted: Not Applicable, Coventry Adopted: March 2016

National Heart, Lung and Blood Institute (NHLBI)-Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full report 2007. <http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/>

Alcohol Abuse – Adopted March 2016

National Institute on Alcohol Abuse and Alcoholism (NIAAA), Helping Patients Who Drink Too Much, A Clinician's Guide, 2005 Edition.
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm

Attention Deficit/Hyperactivity Disorder - Adopted March 2016

American Academy of Pediatrics (AAP): Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents, October 2011.

<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>

Coronary Artery Disease – Adopted March 2016

2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease <http://content.onlinejacc.org/article.aspx?articleid=1391404>

2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update: Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease <http://content.onlinejacc.org/article.aspx?articleid=1891717>

Diabetes – Adopted March 2016

American Diabetes Association (ADA) Standards of Medical Care in Diabetes- 2016.

http://care.diabetesjournals.org/content/38/Supplement_1

Major Depressive Disorder – Adopted March 2016

American Psychiatric Association (APA) Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition. <http://psychiatryonline.org/guidelines.aspx>

6. Preventive health guidelines:

CoventryCares of Kentucky, through Aetna Better Health, adopts nationally accepted evidence-based preventive services guidelines from the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention. Where there is lack of sufficient evidence to recommend for or against a service by these sources, or conflicting interpretation of evidence, we may adopt recommendations from other nationally recognized sources. The guidelines are adopted to facilitate improved health care and to reduce unnecessary variation in care. They are not intended to direct coverage or benefits determinations, or treatment decisions.

These documents are updated on an annual basis only. Caution is advised as recommendations often change. The online summaries of recommendations do not represent benefits; not all recommended services are necessarily covered by a member's health plan. Therefore, members must refer to their plan documents, contact their employer's benefits department or contact Customer Service directly for coverage information.

Formally adopted preventive health guidelines can be accessed through the links below:

<http://www.cdc.gov/vaccines/schedules/index.html>

<http://www.uspreventiveservicestaskforce.org/>

Aetna Better Health of Kentucky QMUM Review

Guideline	New vs Updated	Date of QMUM Approval
Asthma	Updated – 2007	
Alcohol Abuse	Updated - 2005	
Attention Deficit/Hyperactivity Disorder	Updated - 2011	
Coronary Artery Disease	Updated - 2012	
Diabetes	Updated - 2016	
Major Depressive Disorder	Updated - 2010	
Adult Depression	Updated - 2016	
Opioid Use Disorder	Updated - 2015	
Adult Attention Deficit Hyperactive Disorder (ADHD)	Updated - 2012	
Use of Atypical Antipsychotics in Children & Adolescents	Updated - 2011	
Immunization guidelines	Updated- 2016	
Routine Preventive Screening Guidelines	Updated- 2016	

7. Behavioral Health Clinical Practice Guidelines for health plan adoption

Adult Depression

- ICSI (Institute for Clinical Systems Improvement) *Adult Depression in Primary Care, 16th edition. Revision date September 2013.* The purpose of this guideline is to assist primary care in developing systems of care that support effective assessment, diagnosis and ongoing management of initial and recurrent major depression and persistent depressive disorder in adults age 18 and over and assist patients to achieve remission of symptoms, reduce relapse and return to previous level of functioning. This guideline does not address the pediatric population. Diagnoses outside the scope of this guideline include adjustment disorder and bipolar disorder.

Guideline is currently under revision and expected to be available March 2016.

https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_behavioral_health_guidelines/depression/

Opioid Use Disorders

- ASAM *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.* Release date June 2015. The ASAM National Practice Guideline was developed to promote evidence-based clinical treatment of opioid use disorder and to assist physicians in the decision-making process for prescribing pharmacotherapies to patients with opioid use disorder. The complete guideline and related products can be viewed and accessed at <http://www.asam.org/practice-support/guidelines-and-consensus-documents/npg>.

Adult Attention Deficit Hyperactive Disorder (ADHD)

- American Academy of Family Physicians (AAFP) *Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults*. Revision date May 2012. Attention-deficit/hyperactivity disorder in childhood can persist into adulthood in at least 30 percent of patients, with 3 to 4 percent of adults meeting the Diagnostic and Statistical Manual of Mental Disorders, 4th ed., diagnostic criteria. A number of conditions, such as thyroid disease, mood disorders, and substance use disorders, have symptoms similar to those of attention-deficit/hyperactivity disorder and should be considered in the differential diagnosis. Steroids, antihistamines, anticonvulsants, caffeine, and nicotine also can have adverse effects that mimic attention-deficit/hyperactivity disorder symptoms. Proper diagnosis and treatment can improve daily functioning. AAFP: *Diagnosis and Management of Attention Deficit/Hyperactivity Disorder in Adults*

Use of Atypical Antipsychotics in Children & Adolescents

- American Academy of Child & Adolescent Psychiatry (AACAP) *Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents*. Revision date 2011.

The need for effective therapeutic interventions for youths with a variety of neuropsychiatric conditions has led to the increasing prescription of atypical antipsychotics. This has occurred despite the fact that only recently have several atypical antipsychotics received indications by the U.S. Food and Drug Administration (FDA) for use in individuals less than 18 years of age. While there is a growing body of evidence that has evaluated the use of atypical antipsychotics in youths, there remains a compelling need for methodologically-rigorous trials assessing the efficacy and the acute and long-term safety of these drugs. This practice parameter reviews the current extant evidence regarding the efficacy and safety of these medications in children and adolescents and provides suggestions regarding their use. Recommendations for the administration and monitoring of side effects of these medications are also given. <http://www.asam.org/practice-support/guidelines-and-consensus-documents/npg>

Sources

Clinical Practice Guidelines information: http://aetnet.aetna.com/quality_mgmt/cg/cpg.htm

Preventive Health Guideline information: http://aetnet.aetna.com/quality_mgmt/cg/csg/psg.htm

National Guideline Committee Minutes: http://aetnet.aetna.com/quality_mgmt/private/ngc/ngc.htm