

AETNA BETTER HEALTH® OF KENTUCKY

Please note our newly formatted fax blast – A copy of this communication is available on our website:
www.aetnabetterhealth.com/kentucky, go to Provider News

PROVIDER NEWSFLASH – APRIL 28, 2017 – PAGE 1 OF 3

To: Network Providers

Fax: <<location fax>>

In the News: Spring 2017 Provider Newsletter
Updated Clinical Practice Guidelines
Ordering, Rendering, Prescribing Requirement Reminder

1. Spring 2017 Provider Newsletter

Our Provider Newsletter is now available on our website at www.aetnabetterhealth.com/kentucky, click on “**For Providers**” and then “**Provider News**”, to find our **Spring 2017 Provider Newsletter**.

2. Updated Clinical practice Guidelines (CPGs)

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.

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.

Formally adopted CPGs can be accessed through the links below:

Diabetes
American Diabetes Association (ADA) Standards of Medical Care in Diabetes- 2017 http://care.diabetesjournals.org/
Adopted: April 2017
Prescribing Opioids for Chronic Pain
CDC Guideline for Prescribing Opioids for Chronic Pain 2016 https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
Adopted: April 2017

You will also find the links to our adopted clinical practice guidelines on our website, at www.aetnabetterhealth.com/kentucky, click on “**For Providers**”, and then go to “**Clinical Practice Guidelines**.”

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3. Ordering Referring Prescribing Requirements effective April 1, 2017

Just a reminder, effective **April 1, 2017**, Aetna Better Health implemented the requirement of the Center of Medicaid Services (CMS) for the Affordable Care Act (ACA), that now requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid recipients. This requirement applies to those ordering, referring, and prescribing provider who are enrolled with the contracted Medicaid Managed Care Organizations.

This change is designed to ensure that all orders, prescriptions and referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from participation in Medicaid. The change requires providers to include the CMS Final Rule mandate that if items or services are ordered, prescribed or referred by a resident or teaching physician, they must be identified on the claim by his or her legal name and National Provider Identifier (NPI), and he or she must be an enrolled Medicaid provider.

The providers that are eligible to be ordering, referring, prescribing or attending providers are:

Provider type 60	Dentist
Provider type 64	Physician
Provider type 74	Nurse Anesthetist
Provider type 77	Optometrist
Provider type 78	Certified Nurse Practitioner
Provider type 80	Podiatrist
Provider type 85	Chiropractors
Provider type 95	Physician Assistant

The entry of Ordering or Referring Provider is required if the service is ordered or referred. However, from an encounter editing standpoint an ordering or referring provider must be entered by the following provider types:

Provider type 18	All services billed by a Private Duty Nurse
Provider type 36	All services billed by an Ambulatory Surgery Center
Provider type 37	All services billed by an Independent Lab
Provider type 50	All services billed by a Hearing Aid Dealer
Provider type 52	All services billed by an Optician
Provider type 54	All <u>crossover</u> services billed by a Pharmacy
Provider type 70	All services billed by an Audiologists
Provider type 76	All services billed by a Multi-therapy Agency
Provider type 79	All services billed by a Speech Language Pathologist
Provider type 86	All services billed by an X-Ray/Miscellaneous Supplier
Provider type 87	All services billed by a Physical Therapist
Provider type 88	All services billed by an Occupational Therapist
Provider type 90	All services billed by a DME provider

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Provider type 34, Home Health Agencies, (and all other providers submitting on the UB-04) will still be required to submit an Attending Provider on all of their encounters.

This requirement also applies to out-of-state ordering, referring, and or prescribing providers. These providers must also be enrolled in Kentucky Medicaid for services to be paid by Fee for Service (Traditional) Medicaid and with the contracted managed care organizations, should services be provided to impacted Medicaid recipients.

This requirement was implemented beginning **April 1, 2017** and is applicable to all claims with dates of service beginning on that date and going forward. In order to give the affected providers time to comply with the requirement, claims with the date of service between **April 1, 2017** and **July 1, 2017** that do not meet this requirement will continue to be paid and a reminder notice will be provided to the provider of such claims. All claims which are submitted for dates of service beginning and after **July 1, 2017** which do not comply with the requirement will be denied.

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