

Provider Network Notification

ABHLA to Adopt New Forms for PH and BH Prior Authorizations

Aetna Better Health® of Louisiana

December 2021

OVERVIEW:

Effective 1/31/2022, Aetna Better Health of Louisiana (ABHLA) will adopt new forms for Physical Health and Behavioral Health prior authorizations.

These new forms will be made available prior to 1/31/2022 on both the ABHLA website at https://www.aetnabetterhealth.com/louisiana/providers/materials-forms.html and in the ABHLA Payer Space on the Availity Portal at https://apps.availity.com/public/apps/home/#!/.

Please see below for a preview of each new prior authorization form.

Preview of New Physical Health Prior Authorization Form

			♥ aetna
PHYSIC	AL HEALTH STANDARD PRI	OR AUTHORIZATION RE	EQUEST
F	ORM FAX TO: 844-227-9205 T	ELEPHONE: 855-242-080	02
AETNA BETTER HEALTH OF LOUISIANA 2400 VETERANS MEMORIAL BLVD, STE 200 KENNER, LA 70062 TELEPHONE NUMBER: 855-242-0802 TTY: 855-242-0802, 711		DATE OF	REQUEST: (MM/DD/YYYY)
TYPE OF REQUEST: INPATIE		IN OFFICE	
MEMBER, THE MEMBER'S ABILITY	TO ATTAIN, MAINTAIN, OR REG D SEVERE PAIN THAT COULD NO	AIN MAXIMUM FUNCTION OF DT BE ADEQUATELY MANA	OPARDIZE THE LIFE OR HEALTH OF A DR THAT A DELAY IN TREATMENT GED WITHOUT THE CARE/SERVICE
NON-URGENT STANDARD - ROUT	INE SERVICES PROCESSED WIT	HIN 14 BUSINESS DAYS.	
	AT SEARCH TOOL TO DETERMIN TERMINATION WILL BE COMMUN		
	MEMBER INFO	DRMATION	
1. LAST NAME:	2. FIRST NAME:		3. MI:



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Preview of New Behavioral Health Prior Authorization Form

etna Better Health of Louisiana 400 Veterans Memorial Blvd, Ste 200 enner, LA 70062 elephone Number: 855-242-0802 ax Number: 844-634-1109 TY: 855-242-0802, 711 ERVICE TYPE: PSYCHOLOGICAL / NEUROPSYCHOLOGICAL ELECTROCONVULSIVE THERAPY (ECT.) / TRANSCRAN OUTPATIENT TREATMENT REQUEST (OTR.)	Date of Request: MMDDYYYY APPLIED BEHAVIOR ANALYSIS (ABA)
TY: 855-242-0802, 711 ERVICE TYPE: PSYCHOLOGICAL / NEUROPSYCHOLOGICAL ELECTROCONVULSIVE THERAPY (ECT.) / TRANSCRAN	
ELECTROCONVULSIVE THERAPY (ECT.)/ TRANSCRAN	APPLIED BEHAVIOR ANALYSIS (ABA)
STATE A GOAL WAS ASSESSED AND AND AND AND AND AND AND AND AND AN	
OUTPATIENT TREATMENT REQUEST (OTR)	NAL MAGNETIC STIMULATION (TMS)
	d seriously jeopardize the life or health of a member. The member a delay in treatment would subject the member to severe pair quested. Urgent requests will be processed within 72 hours.
NON - URGENT STANDARD - Routine services processed within	14 business days.
Visit our ProPAT search tool to determine if a service A determination will be communicated	하다는 사람들은 아이들 아이들이 가는 아이들이 아이들이 살아가지 않는 것이 되었다면 하는데 아이들이 아이들이 살아가지 않는데 하는데 없다면
COMPLETE SECTIONS 1-3 IN SECTION 1 - MEMBER IN	THEIR ENTIRETY.

Providers can use the new Prior Authorization forms as soon as they become available on the ABHLA website and portal, as the forms will be accepted prior to the 1/31/2022 effective date.

Questions and Support:

For questions, please contact <u>LAProvider@AETNA.com</u> or call 1-855-242-0802 and follow the prompts.

A Reminder about the Medicaid Provider Enrollment Portal:

Don't delay in registering and submitting an enrollment application through the Louisiana Medicaid Provider Enrollment portal. Any existing Medicaid provider that does not complete the enrollment and screening process through the portal by March 31, 2022, will risk claim denials and disruption in patient care. Medicaid Provider Enrollment Portal assistance is available Monday through Friday 8:00 am – 5:00 pm. Please contact (833) 641-2140 for assistance.