

# AETNA BETTER HEALTH® OF KENTUCKY PROVIDER NEWSLETTER

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## AETNA IN THE NEWS!



Aetna recently announced changes to plans offered through the Health Insurance Exchange.

Aetna coverage through the Health Insurance Exchange is a separate line of business from Aetna Better Health of Kentucky Medicaid.

The Aetna exchange product was only available in 10 Kentucky counties, with approximately 800 members enrolled at the time of the announcement.

This change **does not** affect Aetna Better Health Medicaid or the coverage our plan provides to approximately 268,000 members in all 120 counties of the Commonwealth.

Aetna Better Health of Kentucky Medicaid will continue to serve Kentuckians in 2017.

## PARTNERSHIP IN VALUES—A MESSAGE FROM OUR CEO

Since 2011 our health plan has grown considerably and has established itself as a community-focused plan dedicated to improving the quality of care in the communities we serve.

As we look forward to 2017, I am pleased to express my gratitude to you and share my enthusiasm about opportunities to change healthcare delivery in Kentucky. Our vision at Aetna Better Health is to build a healthier world. We believe that this begins with improving the health and well-being of individuals, families and communities throughout the Commonwealth. This vision drives us to partner with hospitals, health centers, providers and organizations that share that common goal of providing healthcare and services to underserved communities.

Our effective collaboration with our hospital partners, extensive provider network and community based organizations helps to leverage and cultivate healthcare programs and services in communities that need it most. These partnerships will allow us to exercise our vision and positively impact our communities.

I firmly believe that, together, we can make a difference in the delivery of quality of healthcare.

Sincerely,

*Terence L. Byrd*

Chief Executive Officer  
Aetna Better Health of Kentucky



## LOOKING FORWARD TO HEDIS® 2017

HEDIS® is an essential requirement of the health plan by the Commonwealth of Kentucky at demonstrating the quality of health care provided to our members by our provider network. While HEDIS® is a state and government reporting requirement, the overall goal is to increase the quality of care for our members.



We are looking forward to HEDIS® 2017, which will start in first quarter of 2017. We understand that your office is busy taking care of our members/your patients. In order to assist you in decreasing the number of office visits performed onsite in your office for medical record documentation in 2017, we are providing you the below chart listing the recommended codes recognized by HEDIS®. If a claim is not submitted and processed with HEDIS® recognized codes, the member doesn't get counted in the HEDIS® measure and an onsite visit has to be performed to obtain information from the medical record. Administrative data uses claims and encounter data. A claim needs to be submitted and processed correctly. This process directly affects HEDIS® rates and the number of onsite office visits that have to be performed! Although the chart below does not contain all of the HEDIS® measures, we hope you find this information helpful.

If you have questions regarding the HEDIS® initiatives, please feel free to contact the HEDIS® Quality Improvement Outreach Coordinators at 1-855-737-0872, Monday through Friday, 8 am to 5 pm, ET.

### Helpful HEDIS Documentation Tips for Providers

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>CCS</b> Cervical Cancer Screening</p> <p>Women 21-64 years of age with one or more Pap tests within the last 3 years or for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing with in the last 5 years.</p>	<p>Women who have had a total hysterectomy with no residual cervix are excluded. <b>TOTAL</b> hysterectomy <b>MUST</b> be documented in history or problem list. Documentation of just hysterectomy does not count.</p> <p>Notation of Pap test located in progress notes <b>MUST</b> include the lab results in order to meet NCQA® requirements.</p> <p>Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 years testing. .</p>	<p><b>Procedure Codes</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p><b>HCPCS</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>UB Rev Codes</b> 0923</p> <p><b>HPV</b> <b>Procedure Codes</b> 87620-87622</p> <p><b>LOINC Codes</b> 21440-3, 30167-1, 38372-9, 49896-4, 59420-0, 75406-9, 75694-0</p> <p><b>Hysterectomy Codes</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 , 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ, Q51.5, Z90.710, Z90.712</p>

Continued on pages 8 –9

# HOW WELL INFORMED ARE YOU ABOUT YOUR PATIENTS' CARE?

Aetna Better Health of Kentucky annually gathers members' satisfaction through Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The survey asks the Aetna members, your patients, to report on and evaluate their experience with health care. It also measures member satisfaction with the experience of care, effectiveness of care and care coordination.

## Care Coordination

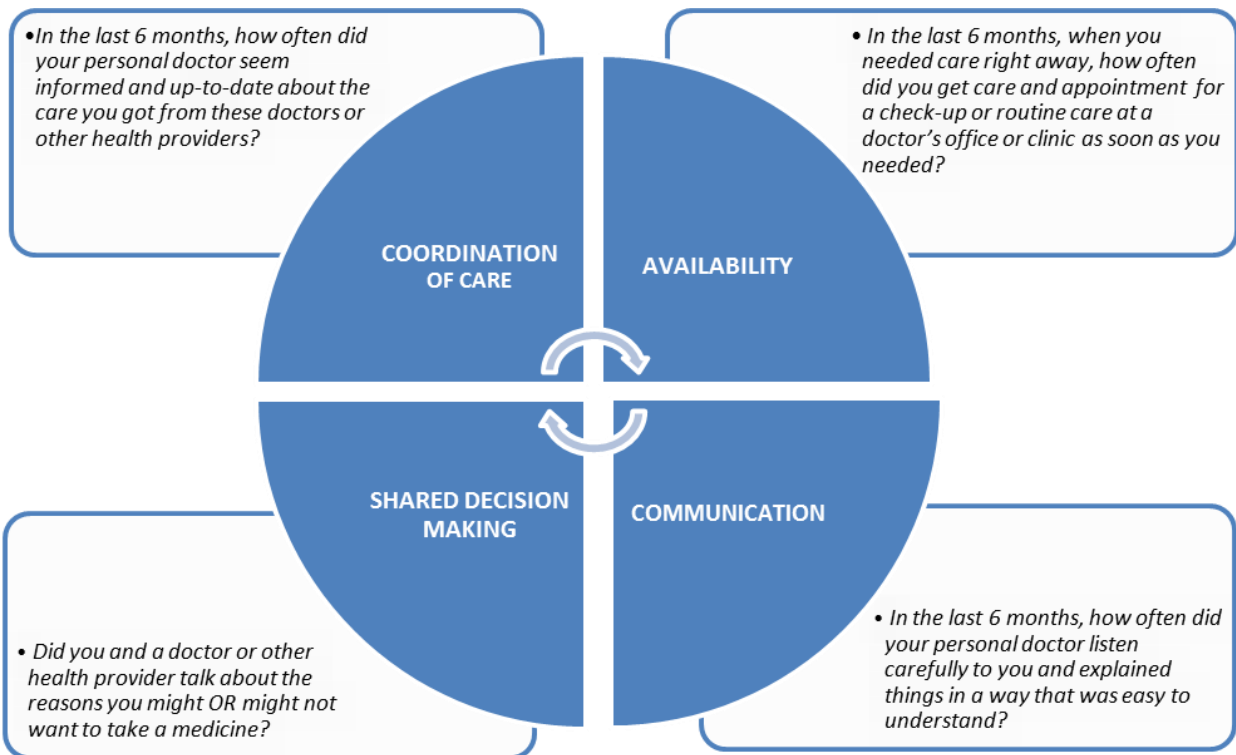
The survey particularly asks how often personal doctors seem to be informed and are up-to-date about care received from other health care providers.

### As a Health Care Provider You Can:

- Improve physician communication; in every opportunity ask the patient if he/she is seeing other health care providers and how you can support their care.
- Continue helping patients communicate with other health care provider (PCP, Specialist, Office Staff, Health Plan etc.).
- Improve referral communication and follow up appointments.
- Support members through transitions of care and assess their needs.
- Guide members through self-management goals and link to community resources.



### CAHPS further gathers consumer satisfaction on the following key areas:



More information at [www.ahrq.gov](http://www.ahrq.gov) prevention and chronic care / care coordination



## POSITIVE OUTCOMES

John is 60 year old male referred to ECM from HRQ. He was having issues getting new eye glasses. John has an extensive medical history which includes COPD, asthma, CAD and previous heart attack, HTN, heart failure, and anxiety. John was referred to Kentucky Vision Project to get his eye glasses by ECM.

The referral was made and on April 4, 2016, John says he was mailing the form. In a subsequent conversation with the John on July 18, 2016, he stated that he had not heard from Kentucky Vision Project. So a telephone call was made to Kentucky Vision Project and Theresa, the representative with Kentucky Vision Project, said that there were not any providers in Anderson County at present so she would need to refer John to either Mercer or Franklin County. The Care Manager explained that the member would feel more comfortable going to Franklin County and Theresa stated she would arrange the appointment there.



During an August 16, 2016 telephone call, John was able to report that he received his glasses and the glasses were helping to make so many activities, including driving, possible and easier. Member expressed appreciation for Aetna Better Health of Kentucky’s assistance in helping him get his new eyeglasses.

## OBSERVATION STAYS NO LONGER REQUIRE PRIOR AUTHORIZATION FOR PAR PROVIDERS

A decision to admit observations stays must be made within the first 48 hours. If observation services result in an inpatient admission, notification must be made within 24 hours or next the business day.

Example: The patient is admitted to observation on Monday, the decision for admission must be made by Wednesday and the facility has until

Thursday to notify the plan and provide clinical review.

**Applicable CPT codes:**

- 99217
- 99218
- 99219
- 99220

If you have any questions about authorization requirements, contact

your Provider Relations representative by calling **1-855-300-5528**.

\*The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company’s clinical criteria for coverage.





## PREVENTION & WELLNESS-OPIOIDS ABUSE

In the Commonwealth of Kentucky, addiction has always dealt with alcohol and tobacco usage. Most recently that term has shifted to include the use of prescription opioids and heroin, where abuse has been rampant. Overdoses are at an all-time high, especially in areas such as Northern Kentucky, Louisville, and Lexington. A growing number of users who began abusing expensive prescription drugs have been switching to heroin, which is cheaper and easier to buy. Increasingly

though, heroin is now being laced with fentanyl, which is a deadly and powerful synthetic drug used primarily during anesthesia or to manage pain after surgery.

Kentucky has numerous opioid treatment programs throughout the state to help those that have become addicted to opioids. Listed below are several treatment facilities throughout the state and their contact information.

**Bluegrass Narcotics Addiction Program (NAP)--State Funded (Methadone and Buprenorphine)**

3161 Custer Drive, Suite 4 Lexington, KY 40517-4067  
Phone: (859) 977-6080 Fax: (859) 299-0967  
Emergency Phone: (800) 928-8000  
Web Page: [www.bluegrass.org](http://www.bluegrass.org)  
Owner: Bluegrass CMHC  
Program Sponsor: David Hayden  
Program Director: Pat Tucci  
Medical Director: Dr. Teresa Oropilla-Keifer

**Center for Behavioral Health Kentucky, Inc.--Private (Methadone and Buprenorphine)**

1402-A Browns Lane Louisville, KY 40207  
Phone: (502) 894-0234 Fax: (502) 894-9858  
Web Page: [www.centerforbehavioralhealth.com](http://www.centerforbehavioralhealth.com)  
Owners: Brant and Mary Massman  
Program Sponsor: Mary Massman  
Program Director: Mark Miller  
Medical Director: Dr. Mariano Galang

**Corbin Professional Associates--Private (Methadone)**

967 South Highway 25 West Corbin, KY 40701  
Phone: (606) 526-9348 Fax: (606) 526-1541  
Owners: Lesa Watts and Shirley Carrier  
Program Sponsor: Flora Smith  
Medical Director: Dr. Ramesh Ghanta

**Elizabethtown Addiction Solution--Private (Methadone and Buprenorphine)**

2645 Leitchfield Road, Suite 104 Elizabethtown, Kentucky 42701  
Phone: (270) 234-8180  
Fax: (270) 234-8179  
Owners: Brant and Mary Massman  
Program Sponsor: Mary Massman  
Program Director: Becky Chambers  
Medical Director: Dr. Mariano Galang

**Lexington Professional Associates--Private (Methadone and Buprenorphine)**

340 Legion Drive, Suite 28 Lexington, KY 40503  
Phone: (859) 276-0533 Fax: (859) 277-3653  
Owners: Lesa Watts and Shirley Carrier  
Program Sponsor: Jeana Bingham  
Medical Director: Dr. Mark Jorrisch

**MORE Center-Methadone/Opiate Rehabilitation and Education--State Funded (Methadone)**

1448 South 15th Street Louisville, KY 40210  
Phone: (502) 574-6414 Fax: (502) 574-6503  
Owner: Louisville Metro Public Health and Wellness (health dept)  
Program Sponsor: Matt D. Larocco  
Medical Director: Dr. Mark Jorrisch

**Ultimate Treatment Center- Private (Methadone and Buprenorphine)**

3655 Winchester Ave Ashland, KY 41101  
Phone: (606) 393-4632  
Fax: (888)411-4131  
Owner: Dr. Rose Uradu  
Program Sponsor: Dr. Rose Uradu  
Medical Director: Dr. Emmanuel Eze

**Kentucky Treatment Centers - Hazard--Private (Methadone)**

48 Independence Drive Hazard, KY 41701  
Phone: (606) 487-1646 Fax: (606) 487-1746  
Owners: Behavioral Health Group  
Program Sponsor: Stacey R. Harris  
Medical Director: Dr. Lori Nation

**Kentucky Treatment Centers - Pikeville--Private (Methadone)**

368 South Mayo Trail Pikeville, KY 41501  
Phone: (606) 437-0047 Fax: (606) 437-0547  
Owners: Behavioral Health Group  
Program Sponsor: Stacey R. Harris  
Medical Director: Dr. Lori Nation

**Paducah Professional Associates--Private (Methadone and Buprenorphine)**

125 South 17th Street Paducah, KY 42001  
Phone: (270) 443-0096 Fax: (270) 443-0080  
Owners: Lesa Watts and Shirley Carrier  
Program Sponsor: Gloria Young  
Medical Director: Dr. Jill Zinner

**Kentucky Treatment Centers - Paintsville--Private (Methadone)**

628 Jefferson Avenue Paintsville, KY 41240  
Phone: (606) 789-6966 Fax: (606) 789-7466  
Owners: Behavioral Health Group  
Program Sponsor: Stacey R. Harris  
Medical Director: Dr. Lori Nation

## HOSPITAL BASED PROVIDERS REQUIRED TO BILL ATTENDING PROVIDER

REMINDER to hospital based providers that coming shortly will be the requirement to bill the attending provider on the hospital claim form. This means that you will need to ensure that you have a Medicaid Provider ID number. Please see the MAP 811 process below for becoming a Medicaid provider and remember that this process can take up to 90 days to complete.



## MAP 811 CHECKLIST

**NOTICE:** Pursuant to 907 KAR 1:672 Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. **Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.**

A complete list of enrollment requirements for each provider type can be found on our website at the following link: <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>

### Did you:

- Complete *all* questions? Questions not applicable should be completed with “N/A”. **(Applications will be rejected for any questions left blank.)**
- Sign and date signature page (page 12) **Electronic or stamped signatures are not accepted.**
- Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- Attach a MAP-347 if individual wants to be linked to group KY Medicaid provider number.
- Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>.
- Keep a copy of the application for your records.

**aetna**  
AETNA BETTER HEALTH OF KENTUCKY

Who needs a flu shot? You do.  
We cover flu shots for our members. Get yours today.

Every adult and child six months of age and older needs a flu shot every year. Why? The flu virus is always changing. If you got a flu shot last year, it won't protect you this year.

You may need a pneumonia shot too. You may be at risk for complications from the flu.

- You're over 65
- You have a chronic condition like asthma, diabetes or lung disease

Ask your doctor about a one-time pneumonia shot. It will give you extra protection during flu season.

It's easy to get your flu shot. Just go to your doctor's office or clinic. Adults can also get a flu shot at most retail pharmacies in our network. Check the CVS pharmacy locator for a pharmacy near you. [www.cvs.com/locate-locator/landing](http://www.cvs.com/locate-locator/landing). Make sure your local pharmacy is giving flu shots before you go. You don't need a prescription.

Questions?  
Call Member Services at 1-855-300-5528.  
TTY: 711 (TDD) 1-800-627-4902.  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky)

AEMIC00074FK4.2 KY-16-10-02

## FLU SHOT REMINDER

It is so important that everyone receive a flu shot and we would like to provide you with a copy of the brochure seen to the right, that you can give to our members or post in your office.

You can download a copy from our website, simply go to our website at [www.aetnabetterhealth.com/Kentucky/library](http://www.aetnabetterhealth.com/Kentucky/library) and click on “Flu Shot Reminder 2016”.

## TOBACCO CESSATION COUNSELING

In accordance with Public Health Service 2008 Guidelines, Kentucky Medicaid will allow two (2) individual tobacco cessation counseling attempts per year and each attempt can include up to four (4) intermediate or intensive sessions, for a maximum benefit of eight (8) sessions per year. Please see the Codes allowable for billing:

HCPCS/CPT Code	Type of Counseling	Description
HCPCS/CPT Code: <b>99407</b>	<b>Intensive</b>	<b>Description:</b> Smoking and tobacco use cessation counseling visit is greater than ten (10) minutes
HCPCS/CPT Code: <b>99381-99397</b>	<b>Preventive medicine services</b>	<b>Description:</b> Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/ anticipatory guidance, risk factor reduction interventions, and related plan of care.
HCPCS/CPT Code: <b>99078</b>	<b>Physician educational services</b>	<b>Description:</b> Group setting (e.g., prenatal, obesity, diabetes)

Suggested Tobacco-related ICD-10 CM Diagnosis	Description
Suggested Tobacco-related ICD-10 CM Diagnosis	<b>Description:</b> Tobacco use disorder
Suggested Tobacco-related ICD-10 CM Diagnosis Codes: <b>099.33</b>	<b>Description:</b> Tobacco use disorder complicating pregnancy, childbirth, or puerperium
Suggested Tobacco-related ICD-10 CM Diagnosis	<b>Description:</b> Toxic effect of tobacco and nicotine

Importantly, the former **ICD-9 code 305.1** (tobacco use and dependence) has transitioned to the following **ICD-10 codes**:

**F17.20** (nicotine dependence),  
**099.33** (smoking complicating pregnancy, childbirth, and the puerperium),  
**P04.2** (newborn affected by maternal use of tobacco),  
**P96.81** (exposure to environmental tobacco smoke in the perinatal period),  
**T65.2** (toxic effect of tobacco and nicotine),  
**Z57.31** (occupational exposure to environmental tobacco smoke),  
**Z71.6** (tobacco use counseling, not elsewhere classified),  
**Z72** (tobacco use not otherwise specified (NOS)),  
**Z77.2** (contact with and exposure to environmental tobacco smoke), and  
**Z87.8** (history of nicotine dependence).

**H0025** Behavioral health prevention education service  
**H2027** Psychoeducational service, per 15 minutes  
**H002** Behavioral health screening. Event Code.

***For specific billing questions, please contact Aetna Better Health of Kentucky Customer Service at 1-855-300-5528. This list of codes is not all-inclusive***

Information provided by Kentucky Medicaid Managed Care Organizations and accurate as of 5/12/2016



Helpful HEDIS Documentation Tips for Providers		
HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>CHL</b> Chlamydia Screening in Women</p> <p>Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.</p>	<p>Assist with member education of STD.</p> <p>Perform routine test for Chlamydia, document and submit timely. Urine Chlamydia test is the easiest to perform.</p>	<p><b>Procedure Codes</b> 87110, 87270, 87320, 87490-87492, 87810</p> <p><b>LOINC Codes</b> 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8</p>
<p><b>ART</b> Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</p> <p>Members 18 years of age or older who were diagnosed with rheumatoid arthritis and were prescribed a disease-modifying anti-rheumatic drug (DMARD).</p>	<p>Prescribe DMARDs to members with rheumatoid arthritis.</p> <p><b>Exclusions:</b> A diagnosis of HIV anytime during the member's history through December 31 or a diagnosis of pregnancy during the year.</p>	<p><b>Diagnosis Codes</b> 714.0, 714.1, 714.2, 714.81, M05.00-M06.9</p> <p><b>DMARD HCPCS</b> J0129, J0135, J0717, J0718, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>
<p><b>CDC</b> Comprehensive Diabetes Care</p> <p>Members 18-75 years of age with diabetes should have each of the following at least annually: HbA1C testing, medical attention for nephropathy, a retinal eye exam and blood pressure monitoring at each visit.</p>	<p>Document results of HbA1C and Microalbumin exams annually or more often as needed.</p> <p>A current medication list indicating that a member is on an ACE/ARB medication such as Lisinopril or Losartan is appropriate for nephropathy attention.</p> <p>Refer member to Optometrist for Dilated Retinal Eye Exam annually. Obtain the results from the eye provider and place a copy in the member's medical record.</p>	<p><b>Diagnosis Codes:</b> 250, 357.2, 362.01-362.07, 366.41, 648, 648.01-648.04, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p><b>HbA1c Procedure Codes</b> 83036, 83037</p> <p><b>HbA1c level 7.0-9.0</b> 3045F</p> <p><b>HbA1c level less than 7.0</b> 3044F</p> <p><b>HbA1c level greater than 9.0</b> 3046</p> <p><b>Nephropathy Screen</b></p> <p><b>Procedure Codes</b> 82042 - 82044, 84156, 3060F, 3061F</p> <p><b>Blood Pressure Procedure Codes</b> <b>Systolic BP &lt; 140</b> 3074F, 3075F <b>Diastolic &lt;90</b> 3078F, 30709F</p>
<p><b>SPR</b> Use of Spirometry Testing in the Assessment and Diagnosis of COPD.</p> <p>Members age 40 years or older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis.</p>	<p>Encourage members that are diagnosed with COPD to have a spirometry test performed.</p> <p>Members who have been diagnosed by another physician should be encouraged to have the testing to confirm the diagnosis.</p>	<p><b>COPD Diagnosis Codes:</b> 493.2- 493.22, 496, 492.0, 492.8, 491.0, 491.2 - 491.22, 491.8, 491.9</p> <p><b>Spirometry Procedure Codes:</b> 94010, 94014-94016, 94060, 94070 94375, 94620</p>



Helpful HEDIS Documentation Tips for Providers		
HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>ABA</b> Adult BMI Assessment</p> <p>Members 18-74 years of age with their body mass index (BMI) and weight documented annually.</p>	<p>Perform and document criteria of Ht/Wt/BMI calculation at each visit.</p> <p>*Pregnant members are excluded from this measure*</p> <p>Use correct diagnosis and procedure codes and submit claims timely.</p>	<p><b>Diagnosis Codes</b> V85.0, V85.1, V85.21-V8525, V85.30-V85.39, V85.41-V85.45, V85.51-V85.54</p>
<p><b>W15</b> Well Child 15 months</p> <p>Members 0-15 months of age with 6 comprehensive well child visits.</p> <p><b>Minimum of 6 well visits required before 15 months old</b></p>	<p><b>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</b></p> <p>Documentation <b>MUST</b> include <b>ALL</b> three criteria: health education/guidance, physical exam, developmental health and history.</p> <p><b>Anticipatory guidance must be documented.</b></p>	<p><b>Diagnosis Codes</b> V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, Z00.00-Z00-Z00.129, Z00.5, Z00.8, Z02.1-Z02.9</p> <p><b>Procedure Codes:</b> 99381-5, 99391-5, 99432, 99461</p>
<p><b>W34</b> Well Child 3-6 years</p> <p>Members 3-6 years of age with at least 1 comprehensive well child visits annually.</p> <p><b>Minimum of 1 visit required annually</b></p>	<p><b>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</b></p> <p>Documentation <b>MUST</b> include <b>ALL</b> three criteria: health and developmental history, physical exam, health education/guidance.</p> <p><b>Anticipatory guidance must be documented.</b></p>	<p><b>Diagnosis Codes:</b> V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, Z00.00-Z00-Z00.129, Z00.5, Z00.8, Z02.1-Z02.9</p> <p><b>Procedure Codes:</b> 99382-5, 99391-5, 99461</p>
<p><b>WCC</b> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI percentile.</p> <p><b>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</b></p> <p><b>*This may be done during a sick visit or well child exam.*</b></p>	<p><b>BMI Diagnosis Code</b> V85.0-V85.54, Z68.51-Z68.54</p> <p><b>Nutrition Counseling</b> <b>Diagnosis Code</b> V65.3, Z71.3 <b>Procedure Codes</b> 97802-97804 <b>HCPCS</b> G0447, G0270, G0271, S9449, S9452, S9470</p> <p><b>Physical Activity Counseling</b> <b>Diagnosis Code</b> V65.41 <b>HCPCS</b> G0447, S9451</p>
<p><b>AWC</b> Adolescent Well Care Visits</p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p><b>Minimum of 1 Required</b></p>	<p>Make certain to notate physical and mental health development, physical exam and health education.</p> <p><b>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well visit exam.</b></p> <p>Documentation must include <b>ALL</b> 3 criteria.</p> <p><b>Anticipatory guidance must be documented.</b></p>	<p><b>Diagnosis Codes</b> V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V20.31, V20.32, Z00.00-Z00-Z00.129, Z00.5, Z00.8, Z02.1-Z02.9</p> <p><b>HCPCS</b> G0438, G0439</p> <p><b>Procedure Codes</b> 9381-99385, 99391-99395, 99461</p>

## HOW DO I CONTACT MY PROVIDER RELATIONS REPRESENTATIVE?

REGION	NAME	TELEPHONE	EMAIL
Region 1	Regina Gullo	502-612-9958	rlgullo@aetna.com
Region 2	Phillip Kemper	502-719-8604	pxkemper@aetna.com
Region 3	Phillip Kemper	502-719-8604	pxkemper@aetna.com
Region 3	Jacqulyne Pack	606-331-1075	jmpack@aetna.com
Region 4	Brad Jones	270-349-0103	JonesB11@aetna.com
Region 5	Tanura Moss	859-381-7404	MossT2@aetna.com
Region 5	Sherry Farris	513-218-7725	sxfarris@aetna.com
Region 6	JoAnn Marston	859-669-6217	jxrose@aetna.com
Region 7	Holly Smith	815-641-7411	SmithHS@aetna.com
Region 8	Jacqulyne Pack	606-331-1075	jmpack@aetna.com
Region 8	Lori Kelley	859-302-6334	KelleyL2@aetna.com
<b>Behavioral Health</b>			
All Regions	Caleb Pate	502-216-1249	PateC1@aetna.com
<b>Physician Groups</b>			
TPN, KYPCA, ACP	Abbi Wilson	270-498-1443	axwilson4@aetna.com

### IMPORTANT TELEPHONE NUMBERS

<b>Member Services Department</b>	<b>1-855-300-5528</b>
<b>Prior Authorization Department</b>	<b>1-888-725-4969</b>
<b>Provider Relations Department</b>	<b>1-855-454-0061</b>
<b>State Eligibility Verification</b>	<b>1-855-824-5615</b>
<b>Behavior Health 24/7 Service Line</b>	<b>1-888-604-6106</b>
<b>24-Hour Informed Health Line</b>	<b>1-855-620-3924</b>

**NOTICE:** Aetna Better Health of Kentucky employees make clinical decisions regarding healthcare based on the most appropriate care, service available and existence of benefit coverage. Aetna does not reward providers or other employees for any denials of service.

Aetna does not use incentives to encourage barriers to care and service. Aetna prohibits any employee or representative of Aetna from making decisions regarding hiring, promoting, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

**Notice:** Aetna Better Health of Kentucky does not reward practitioners or other employees for any denials of service. Aetna Better Health of Kentucky does not encourage or reward clinical decisions that result in decreased services.

## Aetna Better Health® of Kentucky

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