

8/17/2022

OVERVIEW:

Effective 9/17/2022 Aetna Better Health will enforce Assertive Community Treatment (ACT) Services Policy 7100.35 which covers the following:

- Accurately document all ACT authorization requests
- Verify that a member is eligible to receive ACT services at the time of the request and on each date of service
- Assist providers in providing appropriate, timely, and cost-effective ACT services
- Verify the practitioner's or provider's network participation
- Define responsibilities of health professionals involved in the medical necessity decision making process
- Evaluate and determine medical necessity and/or need for additional supporting documentation
- Collaborate and communicate as appropriate for the coordination of members' care
- Facilitate timely claims payment by issuing prior authorization numbers to practitioners or providers for submission with claims for approved services
- Place appropriate limits on ACT on the basis of medical necessity or for the purposes of utilization management provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210
- Establish protocol for working with out-of-network ACT providers to facilitate SCA's as needed to secure appropriate treatment for members

Questions and Support:

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